Clinical Lectures ON MEDICINE.

Delivered at the Middlesex Hospital.

By CHARLES MURCHISON, M.D., LL.D., F.R.S.,

PHYSICIAN TO THE HOSPITAL, AND LECTURER ON THE PRACTICE OF MEDICINE; CONSULTING PHYSICIAN AND VICE-PRESIDENT OF THE LONDON FEVER HOSPITAL.

LECTURE IV.

I. *Case of Rötheln, or German Measles.*

GENTLEMEN,—The case of Elizabeth R——, who was discharged from the hospital a few days ago, is one that deserves your careful attention.

Elizabeth R——, aged fifteen, was admitted into the Middlesex Hospital on April 14th, 1870. She was housemaid in a gentleman's family. She had had an attack of measles at the age of four, and of scarlet fever at the age of six. On the morning of April 12th she had been quite well, and in the evening she had first complained of headache, loss of appetite, chilliness, and running from the eyes. During the following night she had been very restless and thirsty, and on the morning of the 13th she noticed an eruption on the face, which soon extended over the whole body. The throat from the first had been slightly sore, but there had been no sneezing nor cough.

On admission, the girl did not look very ill, but her face, chest, arms, legs, and entire body were covered with an eruption consisting of irregular patches, at many places running into one another so as to form a large red space, but at others quite isolated. The whole eruption presented very much the appearance of measles, but the patches were less crescentic in outline, and had nowhere a decidedly papular character. Skin dry; temperature 101°; pulse 132. The patient sneezed several times within two or three hours of admission, and had a slight running from the nose, and a watery discharge from the eyes, but the conjunctivæ were not injected, and there was no cough nor bronchitic râles in the chest. The tongue was moist, coated with a thin white fur, and red at the edges, but there was no marked enlargement of the papillæ. The throat was still sore; the soft palate and fauces were vividly injected, and the follicles enlarged; both tonsils were large and red, but free from ulceration or membrane. An effervescing citrate of potash draught was prescribed. In the evening the temperature rose to 103·2°. The patient did not sleep well, and next morning (April 15th) she still complained of pain and dryness of the throat; she had frequent sneezing, and the eyes were still watery. The temperature was 101·4°, and pulse 128. No urine had been passed since admission. The appearance of the eruption was quite altered. Over the hands and arms it formed a continuous bright redness, like the eruption of scarlet fever; but over the front of the chest it had still a mottled character, although the patches ran into one another much more than on admission. On April 16th, or the fifth day of the attack, the patient was much better. The pulse was 100, and temperature 99°. She had slept well, and had no cough, sneezing, running from the eyes, nor sore-throat. The tongue was clean and red, and the appetite was returning. Urine abundant, alkaline, 1030; no albumen. The eruption had almost disappeared from the face, but was still abundant and more confluent on the trunk and extremities. On April 17th all sign of fever was gone, but traces of the eruption were visible till the 19th. During convalescence there was abundant branny desquamation, but no albumen in the urine. On April 30th the patient left the hospital well.

On April 14th I was called to see a young lady residing in the same house as Elizabeth R——, who had been taken on the same day with similar symptoms, followed next morning by an eruption all over the body, which at the time of my visit presented precisely the same characters as those above described. This child's attack was milder than even that of Elizabeth R——. The fever was very slight; and on April 16th the eruption had quite left the face, but was still visible on the legs. About ten or fourteen days subsequently, a second child in the same family had a similar attack.

The ailment from which these patients suffered is not generally recognised as a distinct disease; and cases of it, when they occur, are apt to be puzzling, and sometimes to get the medical attendant into trouble from his inability to determine their real nature. Yet, on the whole, they are not very rare. To explain the pathological relations of the disease, and also the reason of its being called "German measles," it is necessary to depart from the usual custom of a clinical lecture, and go into a little detail respecting the early history of measles and scarlet fever.

Measles and scarlet fever were long regarded as varieties of small-pox. Measles was first distinguished from variola by Abu Dschafar and other Arabian physicians in the twelfth century; but measles and scarlet fever continued to be looked upon as one disease, which was designated "morbilli." An Italian physician, Phillip Ingrassias, of Palermo, in the middle of the sixteenth century, first described scarlet fever, which he called "rossalia," as distinct from the morbilli or measles. He pointed out that the rash of the former differed from that of the latter in being attended by little tumefaction, and in being diffuse like that of erysipelas, the whole skin looking as if it were on fire. He adds: "Nonnulli sunt qui *morbillos* idem cum *rossalia* existimant; nos autem sæpe distinctos esse affectus, nostrismet oculis, non aliorum duntaxat relationi confidentes, inspeximus." The term "scarlatina" is said to have been the vernacular name for the disease on the shores of the Levant, and was first adopted in a medical work by Prosper Martianus, another Italian physician, who, about the middle of the sixteenth century, also described the disease as distinct from morbilli. Epidemics of scarlet fever were first described in this country by Sydenham in 1676, and about the same time in Scotland by Sir Robert Sibbald, physician to Charles II., and in the middle of last century by Fothergill and Huxham. But, notwithstanding the accurate descriptions of these distinguished observers, scarlet fever and measles continued to be regarded by many physicians as mere varieties of one disease, the former being often styled "morbilli confluentes"; and the matter was only finally set at rest by Dr. William Withering in his classical essay published in 1779.*

Shortly before (1768), the two diseases had been separated by Sauvages in his Nosology, and he was the first to call measles "rubeola," instead of "morbilli," by which name it had always been known before. This new name, "rubeola," was adopted by Cullen in his Nosology, published four years later (1772).

The disease which I wish at present to bring under your notice was separated from measles and scarlet fever at a still later date. It was first described by German physicians about the end of the last and the beginning of the present century, and particularly by Ziegler, Heim,† and Hildenbrand.‡ The last of these writers called the new disease "rubeola," and retained the name "morbilli" for measles proper; and this nomenclature has been adopted by many subsequent German writers, including Schönlein; whereas English writers, with the exception of Dr. Copland, have followed Cullen's nosology, and called ordinary measles "rubeola." Hence the rubeola of many German writers is not the rubeola of English nosologists, and when the new disease came to be recognised in England it was often designated "German rubeola or measles." There are, however, many other names by which it is known—such as rötheln, feüermasern, scarlatina morbillosa, morbilli scarlatinosi, rubeola notha, bastard measles or scarlatina, hybrid measles or scarlatina, &c.

In this country the disease has been well described by Dr. Robert Paterson, who observed it epidemic in Leith and its neighbourhood in 1840§; and by Dr. G. W. Balfour, who in 1857 had an opportunity of studying another epidemic of it in the vicinity of Edinburgh.‖

* An Account of the Scarlet Fever and Sore-throat. London, 1779.

† Heim in Hufeland's Journal, 1812.

‡ Hildenbrand, Inst. Pract. Med., vol. iv., p. 412.

§ R. Paterson: An account of the Röthela of German Authors, with a few observations on the Disease as it has been seen to prevail in Leith and its neighbourhood. (Edin. Med. and Surg. Journ., Ap. 1840, p. 381.)

‖ G. W. Balfour: Notice of an Epidemic of Röthela—Rubeola? (Edin. Med. Journ., 1856-57, p. 717.)

The existence of the disease, however, is still far from being generally recognised. With the exception of Copland and Aitken, few systematic writers in this country even refer to it. There is no allusion to it in Watson's classical lectures, nor in the new nomenclature of the Royal College of Physicians. Tanner mentions it, but thinks it unnecessary to describe it; while in Reynolds's System of Medicine it is only alluded to as an error in diagnosis. Its existence as an independent disease is also doubted by many foreign physicians. Niemeyer, in his Text-book of Practical Medicine,* speaks of cases of scarlet fever with a rash like measles (rubeola scarlatinosa), and of measles with a rash like scarlet fever (rubeola morbillosa), but regards them as mere modifications of measles or scarlet fever. Hebra also, in his great work on Diseases of the Skin, refuses to admit the specific distinctness of rötheln.† The result is that few practitioners are acquainted with the disease, and many have never heard of it; and it is usually treated as a variety of measles or scarlet fever, although every now and then a medical man of more than usual discernment describes it in the journals as a new or anomalous exanthem.

But, whatever view we take of its pathology, the characters of the disease are sufficiently explicit, and deserve to be generally known. They may be briefly enumerated under the following heads:—

1. *Premonitory fever*, with pains in the limbs and sometimes in the back; sore-throat, with redness and swelling of the tonsils and fauces, coryza, sneezing, and catarrh of the respiratory passages. In all cases there is sore-throat; but the catarrh may be slight, or sometimes absent. Occasionally there is vomiting. Most authors fix the duration of this stage at about three days, the eruption being said to appear on the third or fourth day; but in my experience its duration, as in the case you have seen in the wards, has been sometimes much shorter, the rash appearing on the second day, or even within the first twenty-four hours.

2. *The rash* appears first on the breast and arms, but sometimes first on the face, and soon becomes universal. It consists of red elevated stigmata or dots, which run together into irregular patches, with obtuse blunt angles, something like those of measles; but, after a time, these patches usually coalesce, and the whole skin becomes uniformly red, as in scarlet fever. The eruption is copious, in a direct ratio to the severity of the general symptoms. It lasts longer, as a rule, than the rash of either measles or scarlet fever—from four to ten days. Its disappearance is followed by a desquamation of branny scales.

3. With the appearance of the rash the other symptoms are aggravated, and there is *a combination of scarlatinous angina and tongue with morbillous catarrh*. The throat is always sore, and the tonsils swollen and red; but the latter are rarely ulcerated. The swelling in the throat may be so great that the patient is unable to swallow; and occasionally, but not often, the glands in the neck suppurate. The tongue, which at first is white and coated, usually becomes after a few days clean and red, and the papillæ may be large and prominent, exactly as in the tongue of scarlet fever. But with all this there is more or less catarrh of the nasal and respiratory passages and coryza, and sometimes there is severe bronchitis, the suffering from which is greatly aggravated by the swelling in the throat. It is a mistake, therefore, to speak of rötheln as identical with what has been called "rubeola sine catarrho."

4. *The disease can propagate itself.* Many writers, like Copland, regard rötheln as a hybrid between measles and scarlet fever; and there are several circumstances which lend weight to this view—such as the fact that the disease presents the characters of both measles and scarlet fever combined, those of measles in one case, or of scarlet fever in another, or at different periods in the same case, being the more prominent; so that the two diseases are sometimes believed to occur simultaneously in the same house, or the one is thought to pass into the other in the same individual; or, again, the circumstance that rötheln has often been observed when measles and scarlet fever have both been epidemic. It is not correct, however, to say, as Hebra does, that rötheln occurs only in the sporadic form. Epidemics of it have been observed in Germany and Scotland.‡ But a curious and important fact is that, when the disease spreads, it does not propagate either measles or scarlet fever, as a hybrid of these two diseases might be expected to do, but a disease like itself. Of this I have had good evidence on several occasions; and the cases which I have brought under your notice furnish an additional illustration of the fact.

5. It has been a common observation by those who have paid attention to the subject that *rötheln does not protect from either measles or scarlet fever, and that a previous attack of either of these diseases does not protect from it.** Both of the patients whose cases I have described to you had previously passed through attacks of scarlet fever and measles.

From these considerations it is obvious that rötheln, although partaking of the characters of both measles and scarlet fever, has some claim to be reckoned specifically distinct from both.

Prognosis.—The disease is in most instances mild, and a much more favourable prognosis may be formed than in true scarlet fever. Occasionally, however, the disease is severe or fatal, and in rare instances it is followed by dropsy.

The only *treatment* required in most cases is that the patient should remain in bed, and take a mild aperient, followed by a saline diaphoretic mixture. Occasionally the guttural or catarrhal symptoms will require special treatment.

II. *Hydrate of Chloral in Pertussis.*

The next case illustrates the good effects of the hydrate of chloral in subduing the spasmodic cough of pertussis. The patient was a little girl, aged four, who was admitted on April 11th, suffering from severe pertussis of about six weeks' duration, complicated with pneumonia and bronchitis. Various remedies, including belladonna and ipecacuanha, produced little or no effect upon the paroxysms; but improvement at once followed the use of chloral in doses of five grains every four hours, and within a week the paroxysms had almost ceased. [Details of case given.]

III. *Treatment of Delirium Tremens.*

You have lately had under your observation in the wards several cases of delirium tremens. I purpose to conclude this lecture by bringing them briefly under your notice, more especially in reference to the vexed question of treatment.

CASE 1.—W. P——, aged thirty-four, in H.M. Civil Service; admitted January 17th. For six years had been very intemperate, and had five previous attacks of delirium tremens, none very severe. Symptoms in this attack of moderate severity; no albumen in urine. Treatment: Bark and mineral acids; and for two nights a draught with fifteen minims of solution of opium; nutritious food, but no stimulants. Discharged well on Feb. 1st.

CASE 2.—Erskine W——, aged thirty-five, a surgeon; admitted April 4th. His father had suffered from gout, and his mother was insane. He had had a good deal of mental anxiety, had been drinking hard for twelve months, and had been several times on the verge of delirium tremens. Sixteen hours before admission he was seized for the first time with severe epileptic convulsions, foaming at the mouth and biting the tongue &c.; and before being brought to hospital there had been sixteen fits in all. On admission, quite unconscious, but no stertor; occasionally delirious and excited; urine contains one-fifteenth of albumen; area of hepatic dulness contracted; breath offensive. He was freely purged with croton oil and enemata, and took a mixture of bromide of potassium and carbonate of ammonia, with milk and beef-tea, and four ounces of brandy (ordered by one of the resident medical officers). One or two fits occurred after admission, but on April 6th there had been no recurrence of them for thirty-six hours, and he seemed quite conscious. On the same evening, however, well-marked symptoms of delirium tremens set in. He slept none, and next day was very excited, and had a quick (100) intermitting pulse. Half a drachm of hydrate of chloral, in conjunction with ammonia, was now ordered every four hours, but no alcohol. After the second dose he went to sleep, and awoke after fourteen hours free from all illusions. From that time until his discharge from the hospital on April 16th, he remained free from convulsions and from any symptoms of delirium tremens, and all trace of albumen disappeared from the urine.

* Vol. ii., p. 543, American Transl.
† Syd. Soc. Ed., vol. i., pp. 166, 167, 290.
‡ R. Paterson, loc. cit., p. 386.

* G. W. Balfour, loc. cit., p. 719; R. Paterson, loc. cit., p. 387; also Ed. Med. Journ., 1855-6, p. 1133.

CASE 3. — Walter W——, aged thirty-nine, a surgeon, admitted April 9th. He had an unmistakable history of phthisis, and in both lungs were extensive signs of tubercular infiltration in an advanced stage; and there was also recent pneumonia with rusty sputa in the upper lobe of the left lung. For many years he had been very intemperate, and for six weeks he had been drinking very hard. On admission, he was in a state of delirium tremens; had not slept for several nights; was very excited; threatened to shoot his wife, &c. Urine contained one-third albumen. He was ordered half a drachm of chloral every four hours. After the fourth dose he had a prolonged sleep, on awaking from which the symptoms of delirium tremens had almost disappeared; but he rapidly sank from an extension of the pulmonary mischief, and died on April 12th, at 8.30 P.M. Brandy (six ounces) was allowed on account of the phthisis.

CASE 4.—William S——, aged forty, a butler, admitted April 27th. Been very intemperate for many years, and drinking very hard, mostly gin, for one month. Delirium tremens set in three days before admission. Pulse 108; frequent vomiting; nothing retained on stomach; urine scanty, and contained one-third albumen; liver large and tender. He was first ordered bismuth and chloral (half a drachm every four hours), and sinapisms to epigastrium. No stimulants. After six doses the vomiting had quite ceased, but there had been no sleep. He was now ordered a draught every four hours with fifteen minims of tincture of digitalis and four grains of carbonate of ammonia, and to continue the chloral. Under this treatment he slept at intervals on the night of the 29th, and soundly on that of the 30th. On May 1st the symptoms of delirium tremens had passed away, the appetite was returning, and the albumen had quite disappeared from the urine. On two or three occasions subsequently he had symptoms of congested liver and restless nights, requiring a return to aperients and the digitalis and chloral; but when he was discharged, quite well, on May 30th, his urine was still free from albumen.

The observation of these cases must have impressed upon your memories the leading symptoms of delirium tremens. It is not my present intention to describe them to you in detail, but I may remind you that they are mainly three—viz., 1. Sleeplessness; 2. Illusions and delusions of a peculiar form; and 3. Tremors of the muscles. Among other less frequent symptoms which you must have noticed are, a quick, soft pulse, without any rise of temperature; white, furred tongue; loss of appetite, and craving for stimulants; offensive breath; vomiting; and injected conjunctivæ.

But it is to the treatment of delirium tremens that I wish more particularly to call your attention. The objects in treatment are twofold: first and foremost, to procure sleep; and secondly, to induce the patient to substitute solid food for alcoholic stimulants.

1. Most medical men are agreed that sleep is the great desideratum in delirium tremens; but there is great difference of opinion as to the best way of inducing it. Let us briefly review the remedial measures which are most relied on.

(*a*) *Alcohol.*—It has been contended that delirium tremens is almost invariably the result of abstaining from stimulants by a person who has been previously intemperate, and that the best way of inducing sleep is to administer brandy and other alcoholic stimulants in frequently repeated doses. According to my experience this doctrine is founded on error, and the practice is most pernicious. You will have noticed that all our patients had been drinking hard up to the commencement of the symptoms, and this I believe to be the rule. Give alcohol, and you only add fuel to the fire, and keep up congestion of the stomach, liver, and kidneys. Medical men, in my opinion, dread too much the consequences of withdrawing alcohol in the treatment of delirium tremens. I have long been in the practice of giving none, except in cases where there has been evidence of fatty heart, or an intermitting pulse, or there has been some complication calling for its use, as in Case 3. The patient no doubt often experiences considerable distress, but I have never seen any bad consequence from suddenly cutting off the large supply of alcohol in which he has been indulging before the attack. This result of my former experience has been borne out by the cases which have been under your observation.

(*b*) *Food.* In all cases it is well that the patient should have as much nutritious food as he can digest. Some authorities contend that all that is necessary to induce sleep is to give strong beef-tea and other nutriment of a like nature. This, and abstaining from stimulants, will no doubt suffice to effect a cure in mild cases; but that sleep will follow this in severe cases is quite opposed to my experience, while in not a few bad cases there is congestion of the stomach and liver, and food of all kinds is rejected. It is necessary, therefore, to be provided with other means for inducing sleep.

(*c*) *Opium* and its preparations were for a long time the drugs chiefly relied on for inducing sleep in delirium tremens. Of late years they have fallen into discredit, and now many practitioners never have recourse to them. Experience shows that in many cases opium acts like a charm in speedily putting an end to the disease; while in others it fails entirely in inducing sleep, or may aggravate the symptoms, or even cause convulsions and coma. The question at once arises: Is there no explanation of this difference?—is it impossible to say when opium is likely to succeed or not?—or must we, from being uncertain of the result, abjure the use of opium altogether? My opinion is that an explanation of the difference is to be found in the state of the kidneys, as indicated by the characters of the urine. Whenever the urine contains albumen as the result of recent congestion or old disease of the kidneys, opium is almost certain to fail, or even prove injurious; and, accordingly, it is a good rule never to give opium until an opportunity has been offered to test the urine. But when the urine has been ascertained to be free from albumen, opium may be given without fear, and usually with the best results. Whatever preparation is employed, it is best to commence with a full dose, and give a smaller dose every three hours afterwards until sleep ensues. When the skin is dry, or the patient much excited, the opium may be advantageously combined with antimony, in the manner recommended by the late Dr. Graves.

(*d*) *Digitalis* is another remedy of undoubted power in the treatment of delirium tremens. It is particularly indicated in cases where the urine is scanty or contains albumen, or where the patient is very excited. I have known it to act most beneficially in cases where opium had failed. Its good effect is not attributable to the alcohol of the tincture, for the large doses recommended by the late Mr. Jones, of Jersey, are quite unnecessary. It appears to act mainly in virtue of its sedative, and yet tonic, influence over the organs of circulation; while the large flow of urine following its use makes it probable that it assists in the removal of deleterious matters from the blood. From fifteen to thirty minims of the tincture may be given, with or without carbonate of ammonia, every four hours.

(*e*) *Bromide of potassium* has been strongly recommended for delirium tremens; but in severe cases I have not found it alone of much service in securing sleep, although it has seemed to act beneficially in moderating active delirium or mental excitement.

(*f*) *Hydrate of chloral.* Delirium tremens is one of the many maladies in which this new drug has been used with advantage. It is a remedy for inducing sleep which is particularly applicable in those cases where opium is contra-indicated. It does not, like opium, interfere with elimination by the kidneys; and indeed there are grounds for believing that the existing impurities of the blood favour the action of the chloral by assisting in the liberation of chloroform. One caution is necessary with regard to it. Not only in delirium tremens, but in other diseases, the first action of the chloral (like that of an insufficient dose of chloroform) is exciting rather than sedative. You must not on that account infer that it is acting injuriously, for a second dose will often produce the desired sleep. The best way to give it is in doses of half a drachm every two or three hours until sleep results.

These are the remedies to which you must mainly trust for inducing sleep in delirium tremens; but remember that the action of all of them will be materially assisted by a kind and considerate and yet firm manner towards the unfortunate patient, by never flatly contradicting him, and by avoiding as far as possible all appearance of bodily restraint.

2. The patient must be brought as soon as possible to substitute solid food for alcoholic stimulants. For this end it may be necessary in the first place to remove congestion of the stomach and liver by counter-irritation, aperients,

bismuth, &c.; and when the stomach is in a quiet state, the appetite may be stimulated by the mineral acids, quinine, and other bitter tonics. In private practice, where it is sometimes impossible to cut off stimulants to the desired extent, it is a good rule to insist that they shall never be taken unless with solid food.

ON RUPTURE OF THE EXTENSOR TENDON OF THE KNEE.

BY GEORGE BUCHANAN, A.M., M.D.,
SURGEON AND LECTURER ON CLINICAL SURGERY, GLASGOW ROYAL INFIRMARY; PROFESSOR OF ANATOMY IN ANDERSON'S UNIVERSITY, ETC.

RUPTURE of the tendon of the quadriceps extensor cruris is an accident of sufficient rarity to give an interest to the following record of three cases which have occurred in my practice within the last twelve months. In two of the cases the tendons of both legs were ruptured simultaneously, in the third only one gave way.

CASE 1.—On February 24th I was requested to visit Mr. W——, by Dr. Steven, who gave the following account of his accident:—

"Mr. W——, age over sixty, height above 6 ft., and stout in proportion, met with an accident at 1 A.M. on Feb. 24th. Was seen by Dr. Buchanan in the evening. Stumbled, through not observing the last step, at a door in town. Some years ago had, in jumping, sprained both knees, so that ever since, after sitting on a low seat, he has suffered a pain, and has often, among his friends, referred to the discomfort and the cause of it. Dating from the same time he has often appeared 'shaky' about the knees. On the 24th he thinks he fell in such a position as to fold his knees below him. The less complete rupture of the ligament of the left makes it probable that his weight was less thrown upon it at the moment of falling. He could not rise, or in any degree, with his legs, assist the friends who were with him to place him in a cab."

Immediately on reaching home he sent for me, and at 2.30 A.M. I saw him in bed on his back, with both legs extended, and without power to change their position. The right patella had its upper border projecting forward, so as to produce a marked transverse ridge over the joint, and on the femoral side of this ridge was a considerable depression, quite visible to the eye, which, upon palpation, was plainly due to detachment of the tendinous expansion of the extensor muscles of the limbs. The left knee presented the same appearances, with less elevation of the upper border of the patella, however. Any attempt to elevate the knees made the diagnosis at once plain by giving increased character to the local appearances noted; the depression above the patella becoming of greater extent, without the patella being moved at all, in the right, while in the left, though the gap was not extended, the patella was not acted upon by the tendinous fibres which remained untorn.

After a few days' fomentation, bandages were applied to bring up and support the patellæ, but no splints or other apparatus were used. Care was taken simply to keep the knees extended, without even raising the heels above the horizontal position.

Not a single untoward symptom occurred. He observed carefully and very patiently the somewhat irksome position. In six weeks the bandages were altogether removed; and he began to turn upon his side, and to move the knees within a limited range. After the first few days he was not prevented from dictating to a clerk in his bedroom, and so carrying on his business. In eight weeks he began to get propped up in bed. In a fortnight more he was allowed to leave bed daily, sitting for some time with his legs extended. There was some disposition to œdema of the feet; but as in course of time he began to move with the help of a pair of crutches, this became less and less. Since May he has come into town daily in a carriage, and also has spent a good deal of time in his garden; still, however, for security, availing himself of the support of two friends in coming down and going up the steps of his residence. For some time past he has given up the crutches, and carries two stout walking sticks, though he does not always use them.

CASE 2.—Joseph C——, aged thirty-nine, was admitted to ward 17 of the Glasgow Royal Infirmary on the 12th of May, 1870. Patient says that on the 3rd of January last, while walking at a medium pace, he felt a giving way of something at both knees with a snap, then fell down, and was unable to walk. He was in perfect health at the time, and says he did not trip against anything, nor yet walk with any amount of vigour. He never had rheumatic fever, and is never troubled with anything like rheumatic pains.

On examination of the knees, there is found above each patella a gap in the extensor tendons, about an inch and a quarter broad, more appreciable towards its centre, and not quite so marked at each side—as if the centre of the tendon had been most ruptured. He can walk pretty well now, and can bend his knee slightly with ease.

June 10th.—Since last note patient has been lying on his back with his legs bandaged and elevated, and with a figure-of-8 bandage round the knee, so as to approximate the two ruptured ends of the tendon; and under this treatment the gap has got decidedly less, but still there is a vacuum of about half an inch between the two ruptured ends of the tendon.

23rd.—Patient was to-day dismissed, with the injunction that he is to keep the bandage round the knee, and, in walking, to bend the knee as little as possible, and to walk with his legs perfectly straight.

CASE 3.—This case occurred in the practice of Drs. Campbell and Kirkwood, of Largs, with whom I saw the patient on Sept. 17th. Mr. B——, aged eighty-four, a hale, healthy old gentleman, who had never been the subject of rheumatism, was walking in the garden on the 15th, when, on ascending a low step, he felt a weakness in his left leg, and fell forward on his knee. He was unable to rise, and, on being lifted, felt an inability to move the injured knee. When Drs. Campbell and Kirkwood saw him they at once recognised a gap above the knee, indicative of rupture of the tendon above the patella. When I saw him, two days afterwards, the gap was about half an inch wide, the edges being quite sharp, as if cut with a knife. As there was little tendency to retraction, Mr. B—— was simply enjoined to lie as quiet as he could, a bandage being applied for a few days to control muscular action, but to be discontinued as soon as the limb became accustomed to the straight position in bed.

Glasgow, Sept. 22nd, 1870.

ON THE PROPAGATION OF SCARLET FEVER.

BY OSWALD HOME BELL, M.D.,
PROFESSOR OF MEDICINE, UNIVERSITY OF ST. ANDREWS.

ON the 9th of May, 1869, a young female, in the servants' department of an educational institution in connexion with the University of St. Andrews, complained of slight sore-throat, and exhibited a faint eruption on the throat and wrists, unaccompanied by fever, for which, under the fear that it might be scarlet fever, she was at once sent from the Hall, and isolated in a distant part of the town, where no children were. Desquamation of cuticle followed in due course. The case was one of scarlet fever.

On May 14th one of the students in the Hall was seized with smart ulcerated sore-throat, high fever, and marked prostration. He had neither rash nor desquamation. When a child he had had scarlet fever.

On May 15th, a second female in the servants' department was laid down with a smart attack of scarlet fever. She was at once removed, along with her bedding and clothing, to a house in the country, and the room she had been in was subjected at once to thorough fumigation with burning sulphur, &c. The student was isolated, and strict plans of disinfecting, &c., were carried out.

On May 18th another student took sore-throat, and on the 19th had scarlet-fever rash. He was at once isolated in the unoccupied upper flat, a nurse was provided, and all communication with the rest of the house was cut off. Carbolic acid and sulphur fumigation were freely used, and the windows and doors were kept constantly open. Dr.

Budd's plan of inunction and disinfection were strictly followed out.

May 22nd.—Another student, who had as a precaution been taken home on the 15th, took scarlet fever in the country.

June 7th.—Another student took scarlet fever. This patient had a week before thoughtlessly broken the quarantine, and entered the room of the last-named patient; but, he declares, "only for two or three minutes." He states that, after entering the room, he was warned of the danger, and immediately left. He had also walked with one of the members of the family who had scarlet fever in town, to be presently alluded to. This student, like the former, was isolated in a separate room on the upper flat, with nurse, &c. Meanwhile, as parents did not wish the remaining students removed, although aware of the epidemic, the Hall was subjected to a process of most thorough and constant ventilation and disinfection. The large and numerous windows were kept constantly open, the upper ventilators acting thoroughly in establishing a free and constant current from the lower galleries to the roof. Sulphur was freely burned, and all the water-closets frequently disinfected.

No fresh case occurred till July 19th, when a fourth student complained of sore-throat, and on examination was found covered with scarlet-fever rash. So little did he feel ill, that he had continued sea-bathing for two days with the rash out on him. With each case that occurred in the Hall it was observed that a case occurred in parts of the town entirely separate from, and in no way apparently connected with, the Hall cases. There was no scarlet fever known to exist at this time, other than the cases stated, either in the town or the neighbourhood. The clue to the outbreak was for weeks diligently sought for in vain. The Hall itself was recently built, healthily situated, and well drained. It was a large, roomy, well-aired, well-ventilated building, and it was newly occupied. It stood isolated at the eastern extremity of the town. It was perfectly dry. The students' ages ranged from fifteen and upwards. There was no reason to believe that before coming to the Hall any of them had been exposed to the contagion. The scarlet fever broke out in the servants' department. At the end of July the Hall dispersed. Within ten days or a fortnight after this one of the students, who had joined his family at a watering-place in the South of Scotland, after remaining a few days in Edinburgh, took scarlet fever, which assumed a malignant type. His father, who attended on him, also took it. *Both* died of it within a day or so of each other. Two other members of the family also took the fever. It is noteworthy that the student last attacked at the Hall, and who was detained till desquamation, and therefore source of infection, should have ceased, corresponded with this student who died. In his letter the following statement is said to have been made:—"Even while I write you my hands are skinning." This source of possible infection may have been merely coincident with that of his former connexion with the infected Hall. Still, it is worthy of being noted. The cases at the Hall had all been mild, and so had almost all in the town.

No fresh cases occurred in St. Andrews till August 8th, when a servant in a family visiting St. Andrews, and who had been but a week in town, took scarlet fever.

On August 9th a nurse in another family of visitors, wholly unacquainted and unconnected with the former, took smart scarlet fever. Five other members in the family also took the fever.

On August 17th, having incidentally heard that the boy who carried milk to the College Hall, from the country, had remarked to the servants, on hearing them speaking about the sore-throat and fever in the Hall, that "he himself had had sore-throat" and "peeling off of the skin" whilst carrying milk to the Hall, I proceeded to the farm from which the milk-supply was brought, along with the father of one of the young people of the town who had at this time had the scarlet fever, and was supplied with milk from the same farm as the Hall. After much examination and cross-questioning I ascertained as follows:—

1. That on May 1st the wife of the farmer who supplied the Hall with milk had returned from a visit to a town some twenty-five miles off, where, as I afterwards ascertained, two deaths from scarlet fever had occurred about this time. She had one of her children with her. On her way home she complained to a relative of having sore-throat, and on the following day her child sickened, had sore-throat, was covered with a scarlet rash, and in the course of a week had desquamation of the cuticle. No doctor attended. The farm is a small one, and the *mother nursed her child and milked her cows*. The second child took the sore-throat with fever, rash, and subsequent desquamation, about a week or a fortnight after the first. After a time the milk boy who carried the milk to the town and to the Hall had sore-throat, not sufficient, however, to confine him to bed; and in due time he also had desquamation of cuticle on hands and feet. He continued *all the while* to carry milk to town. The boy on a second examination attempted to deny "having skinned," under the idea that blame attached to him. He said the skin came off his hands and feet; but he said his hands were tender from hoeing in the fields. This of course did not account for his feet "skinning" as well.

2. On making out a list on the spot of the houses in which scarlet fever had showed itself in St. Andrews, and on asking the farmer's wife for a list of the houses which she supplied in town with milk, the lists, with one exception, on each side were the same. The exception on the side of the milk supply had reference to a house where two elderly ladies lived, with no young people near; that on the side of the scarlet fever referred to a mild case of a child in a large family, none of whom took the fever, whilst the case itself was of the mildest description, and not traceable to any contagion.

Milk was supplied to no other house in town, whilst with the one exception named above every house supplied had been attacked with scarlet fever. After the College Hall had broken up, the milk supply thus available had been sent to the houses in which the scarlet fever broke out. (See August 8th and 9th.)

3. A family, one mile off in the country, whose cow had ceased to give milk *in May*, got milk during that month from this farm, and during that time the younger members of the family, three in number, took scarlet fever, although there was none known to be in the neighbourhood. The two eldest boys, who carried the milk to their home, did not take the fever, but they had had it some years before.

I shall not occupy further space by dwelling on the different illustrative points brought out in this case, but shall merely state these apparent inferences:—1. That the scarlet fever contagion was carried from the farm to the town and Hall. 2. That it was conveyed in one or more of three ways—(*a*) by the milk, (*b*) by the milk utensils, (*c*) by the boy carrying the milk. It is here noteworthy that the milk boy had no scarlet fever when the first cases occurred in the College Hall and town, and that the two children who carried the milk from the farm to their home in the country, and who had on a former occasion had scarlet fever, did not take it, whilst their younger brothers did take it, there being no known cases of scarlet fever in the neighbourhood.

The cases in all, springing apparently from this one source—viz., the infected farm—numbered twenty-six, of whom two died.

In illustration of the many ways in which this fatal and prevalent disease may be spread, and of the urgent necessity of imparting information to the people as precautionary measures, or to facilitate such measures, I may briefly note the following case, which I saw a month or two ago. In a small crowded room I visited a child under sharp scarlet fever. On instituting inquiries with a view to isolating the case, I found as follows. The father had charge of an extensive Society bread-shop; the mother was a washerwoman, taking clothes to her house to wash; the eldest girl attended throughout the day the children of a lady's family, and came home to sleep at night; the other children attended, some an infant school, some a large mixed school, where hundreds of other children met. The youngest played with young children in a house on the opposite side of the passage. By disinfection and isolation the scarlet fever only spread to the family on the other side of the passage last named. Here were no less than six different channels for the extensive propagation of contagion from one powerful centre.

In illustration of the preventable deaths which, on a large scale, are sacrificed to this disease, let me shortly mention the following, occurring in one family circle during last

winter. A grandfather received his son home from a town infected with scarlet fever. The son had sharp fever, severe ulcerated sore-throat, with much congestion, and a red rash only over the palate. A brother and his children visited him. The father had years ago lost two sons from scarlet fever. The present case was a doubtful one of scarlet fever without rash. There was none at this time in St. Andrews. The brother's children took scarlet fever, of which *one died*. Isolation and a strict plan of disinfection were urged from the commencement, but were not attended to. A sister's family, living at a distant part of the town, took the fever, and *two* out of the three *died*. A brother's family, still in an entirely separate part of the town, also took the fever in about a fortnight, and out of this (also a family of three) *two died*. Here in one small family-circle *five lives* are lost, apparently entirely through ignorance and neglect of sanitary precautions on the part of the friends. The same sacrifice, on an immense scale, is known to be going on all over the country—with what practical result as regards preventive measures?

St. Andrews, Oct. 1870.

ON TWO CASES OF

EXCISION OF TONSIL, FOLLOWED BY HÆMORRHAGE.

BY WHARTON P. HOOD, M.D.

THREE years ago I excised the left tonsil of a gentleman who had complained for some time of the inconvenience produced by its redundancy. The only unusual feature about the operation was this, that after I had cut through the upper half of the tonsil the further passage of the bistoury was barred, so to speak, by some hard substance. I made more pressure with the knife, and still could not continue my cutting. I then pulled strongly on the portion of tonsil held by the forceps, and feeling something slip from under the knife, found that the obstacle was removed, and the excision was easily completed.

On examining the portion of tonsil removed, I saw that the cause of my difficulty arose from a small calculus, about a quarter of an inch in length, milk-white in colour, round and rough in shape—in fact, exactly resembling one of those sugar-plums, containing a coriander-seed, used as padding to a box of the larger sorts of French bon-bons. One-half of its length protruded from the mass in the forceps, and the cavity in which it had lain was plainly visible in the remaining portion of the tonsil.

As a rule, gargling the throat with cold water is sufficient to check hæmorrhage after excision; but in this case it lasted for several hours, notwithstanding the application of a variety of styptics, such as solid nitrate of silver, ice, perchloride of iron, &c., and I began to feel rather uncomfortable as to the result. Suddenly the patient said, "I feel very sick"; and sick he was to a very considerable extent, vomiting large quantities of partially digested food and coagulated blood.

When the sickness had ceased, I fully expected to have an increase of the bleeding, and looked rather anxiously into the mouth at the cut surface; but my surprise was both great and agreeable when I found that the cavity in the tonsil had disappeared, and, instead of an increase, a complete arrest of the hæmorrhage had taken place. I remained with the patient for some time, expecting that the stoppage was only temporary, but was very pleased to find that it was permanent.

A short time ago I was sent for to a patient in whose case both tonsils had been excised. The operation had been done at 1 P.M.; and when I saw him at 5 P.M. I learned that slight bleeding had continued until about 3 P.M., and after taking some food it had increased to such an extent as to alarm him. I tried various styptics for a short time without any controlling effect. Recollecting the effect of vomiting in my previous case, I determined to give him an emetic. I gave him a scruple of sulphate of zinc in a little water. He was not sick for a quarter of an hour; at the end of that time he brought up little else than blood and water (he had sucked a good deal of ice). He retched for a short time after the stomach was emptied, and when the retching had passed off I examined the throat, and saw that the bleeding had stopped, as in the first case.

I am well aware that the result of a particular plan of treatment, tried in only one case, does not justify much faith being placed in its future success; but as I hope it will not fall to my lot to have any more exceptional cases of this description—for hæmorrhage after excision of the tonsil is exceptional, in my experience occurring twice in forty cases,—I call the attention of others to the use of an emetic under these circumstances, so that its efficacy may be tested when opportunity offers.

I presume that the hæmorrhage is checked in these cases by purely mechanical action—viz., pressure of the pillars of the fauces and the surrounding muscles on the tonsils. The closing-up of the hole in the tonsil in the first case is, I think, a fair proof of the amount of pressure exerted. I believe emetics of ipecacuanha have been found useful in post-partum hæmorrhage.

Upper Berkeley-street, Oct. 1870.

CARBOLIC ACID AS AN ANTISEPTIC AND DISINFECTANT.

WITH A FEW CASES ILLUSTRATIVE OF ITS BENEFICIAL EFFECTS IN CATARRHAL, ASTHMATIC, AND BRONCHIAL AFFECTIONS.

BY ANGUS MACKINTOSH, M.D.

(*Continued from p. 565.*)

CASE 4.—Late in the evening of the 10th of January I was requested in great haste to see a man, aged thirty-five years, who had broken his leg while wrestling and fighting in a public-house. On reaching his house, which was only a short distance from where the accident occurred, I found him sitting on a chair, supported by two friends, one on either side, and his head resting on a partition, quite unconscious. I first examined his head, which was in a most frightful state. The scalp was divided in a line from the middle of the forehead to the occiput, and turned down over the right ear; the face and hands, in short everything about him, were covered with blood. I could not discover any fracture of the cranium; and, after cutting the hair and washing the parts, I stitched the edges of the scalp together, and dressed it with cold-water cloths, supported by a bandage. The right leg was bent at right angles, the foot thrown outwards; internal malleolus protruding through the elastic of his boot. Before removing the boot and stocking I could detect a fracture of the fibula above the external malleolus. By a little assistance we got him to bed, undressed him, and cut the boot and stocking so as to get them removed with as little pain and damage as possible. Having done so, I could see, without any manipulation, the complication of circumstances: compound dislocation of the ankle inwards, and compound comminuted fracture of the fibula, about three inches above the external malleolus, with much laceration of integuments. The reduction was not very difficult. By extension and counter-extension, accompanied with a little gentle pressure, I managed to put the ankle in its proper place. The greatest puzzle was, not to replace the bones, but to keep them in position afterwards, owing to the wounds on both sides of the leg. Splints and bandages were out of the question. The means employed, therefore, were sand-bags, paddings, and strips of adhesive plaster, with a few other contrivances, to steady the foot and ankle, and carbolic acid and oil as dressing. I regularly for three weeks visited my patient three times a day, and dressed the wounds myself, being determined to watch more closely, if possible, the effects of the acid in the first stage of reparation. The ankle wound was thoroughly washed and injected with carbolic acid and oil (one to eight), four layers of lint saturated with the lotion applied, and the whole covered with oiled silk. The wound on the outside was similarly dressed, with this exception—that the carbolic-acid paste (one to eight) was

used. Consciousness returned; pulse 80; does not complain of pain.

Jan. 11th.—The ankle wound contains several small clots of the original coagulum; scarcely any serum observed; wound surprisingly dry; no appearance of suppuration, pus, or putrefaction. Wound swabbed with the lotion; no clots removed; dressed as before; outside wound not touched; pulse 78; no pain. Allowed a pint of porter daily, with plenty of beef, &c.

12th.—The oiled silk raised so as to allow the lotion to be dropped freely over the dressing without removing it. This was done night and morning. Outside wound not dressed; no pain; pulse 75.

13th. — The outside wound undressed; no fresh extravasation of blood; clots few and small; wound almost dry; no pus; discharge of a serous nature, and amounts only to a few minims; no erysipelas; very little pain; pulse 80; a little feverish; tongue slightly coated. Aperient pill given.

14th.—Ankle wound almost dry; no clots or extravasation of any consequence; dressings very little stained; no constitutional disturbance; pulse 80; appetite good; bowels open. Carbolic acid lotion reapplied.

15th.—Scalp wound healing by the first intention; only cold-water dressing; lotion dropped freely over the ankle wound; dressing not removed; pulse 75; patient's general health excellent.

16th.—Lotion applied freely on ankle wound outside the dressing; no pain; pulse 75; sleeps every night.

17th.—Two small splinters of bone removed from outside wound; no pus, and only a few minims of serum observed; no coagulum of any kind; wound dressed as before; ankle wound looks well; healthy granulation going on; no suppuration or putrefaction; pulse 70; appetite good. Lotion reapplied.

18th.—Pulse 70; no pain; neither wound dressed.

19th.—Stitches removed from scalp; wound healed without suppuration; leg and ankle wounds untouched; pulse regular; doing well.

20th. — Very little discharge of any kind from either wound; patient can sit up in bed with ease and comfort; pulse 70; no pain; sleeps well.

21st.—From this time both wounds healed rapidly, without any suppuration or putrefaction, so that in the course of four months he was out walking on crutches, and in six months working at his trade, and now has to walk many miles during the week, seemingly without much effort.

Remarks.—My object in giving so much attention to this case was not to decide whether carbolic acid was potent enough to destroy, under certain conditions, the spores and germs that may be floating constantly in the atmosphere, the presence of which in contact with living organic substances is believed to favour putrefaction and hasten suppuration, and thus retard and obstruct the process of reparation; of its virtue and efficacy in this respect I have only one opinion—namely, that the discovery and application of it as a curative agent in severe surgical injuries is invaluable and a great triumph in modern surgery. Neither do I wish to peep into the secret of the advanced theory, that living things may and do arise *de novo*. My only desire was to ascertain, if possible, the chemical effects of carbolic acid on extravasated blood in a fresh wound, and if the beneficial effects of it were to be solely attributed to its property of destroying atmospheric germs. I am now pretty fully convinced that its chemico-physiological action is at least threefold. In a former paper I observed that the acid had certain chemical and stimulating effects on a coagulum of fresh blood, which rendered it more susceptible of being again reabsorbed. I can now state, with something approaching to certainty, that the acid acts on a wound in the following ways, exclusive of its antiseptic influence, which I do not for a moment deny:—

[1st. That carbolic acid coming in contact with warm fresh blood hastens coagulation.

2nd. That carbolic acid appears to influence and favour the process of separation of the corpuscles of clotted blood from the fibrin, and thus prepares the corpuscles for reabsorption.*]

3rd. That carbolic acid, judiciously applied, stimulates disturbed and suppressed nutrition in a contused wound, so as to favour healthy granulations.

* The observations included within the brackets were made in a former communication.

I have repeatedly observed, in dressing wounds, that carbolic acid, when brought into contact with warm human blood, coagulates it almost immediately. I have also tested its effects on the blood of sheep and bullocks, and found it to produce similar results. Blood once coagulated consists of fibrin and corpuscles, the serum being set free. In the wound in this case I carefully preserved the clots from being removed with the dressings, in order to see the ultimate effects of the lotion on them. After the first dressing they appeared gradually to get smaller, and I have not the slightest doubt that disintegration and absorption were going on, and that particle after particle of these clots was taken up by the absorbents shortly after the application of the dressings. After five or six days scarcely any trace of the first clots could be discovered, and hardly any stain on the dressings. I believe the acid hastened the separation of the fibrin from the corpuscles, leaving the former to repair the waste, while the latter were thus prepared to again enter the system. We know that matter is continually passing into the blood from tissues that have fulfilled their appointed function, and that even new formations, such as pus and cancer-cells, are taken up on the same principle. In the absence, therefore, of pus or any sign indicating the transformation of these clots, I am at a loss otherwise to account for their disappearance.

I find Professor Lister making the following statement with regard to the case of compound dislocation of the ankle published in THE LANCET of March 26th last:—"The dressings were changed entirely after the accident. In doing this the greatest care is requisite, for the antiseptic injected into the wound on the previous day having been absorbed into the circulation..." I suppose this means that the extravasated blood, or at least certain portions of it, were absorbed, along with the antiseptic; for I cannot easily conceive how he was to know that the lotion was absorbed unless the blood or some of its constituents with which the lotion was mixed were absorbed also, which could only be known by the disappearance, in part or whole, of the clots. He again remarks, "Carbolic acid, when concentrated, is caustic"; and uses the lotion generally in the proportion of only 1 to 40, for fear of over-stimulation and unhealthy granulations. Surely, if the acid is caustic in its action when concentrated, the larger the proportion of it in a lotion the less cause will there be to fear unhealthy or over-granulation. I may add that I have in many cases of skin diseases used the pure acid without any irritating or bad symptom, and with great success.

The Professor further observes, referring to wounds: "The injured tissues do not need to be stimulated; all that they need is to be let alone." When the vitality of a part is at a low ebb from disturbed or suppressed nutrition, as in contusions, contused wounds, and the like, and the granulations are sluggish and indolent, are there not certain stimulating applications demanded, on the same principle as we recommend stimulants in cases of great weakness and debility? What applies to the whole body applies to a part, and *vice versâ*. Can we not aid Nature in her restorative efforts in contused and lacerated wounds, where there must be of necessity a certain amount of stagnation and inflammation, in any other way than by excluding the atmosphere? I can truly state, from experience, that in many cases I have treated with carbolic acid, where the granulations appeared slothful and almost inactive, the application of the acid lotion seemed to stimulate them to a healthy action. I have not seen any single case where the acid brought on unhealthy granulations and suppuration in consequence of its over-stimulation; and I use it on a large scale, and almost every day, from 1 to 8 down to equal proportions.

Callington, Cornwall, Oct. 1870.

THE CONTAGIOUS DISEASES (ANIMALS) ACT, 1869.—The following is the number of foreign animals brought by sea to ports in Great Britain which, on inspection on landing, within the month of September, 1870, have been found to be affected with any contagious or infectious disease:—From Carentan to Southampton, 28 cattle, 10 sheep; from Honfleur to Littlehampton, 5 cattle; from Honfleur to Southampton, 132 cattle, 27 sheep; and from St. Malo to Southampton, 2 cattle; total, 167 cattle, 37 sheep. All affected with the foot-and-mouth disease, and slaughtered by order of the Customs' authorities.—Privy Council Office, Veterinary Department, Oct. 13th.

NOTES OF TWO CASES OF

SEVERE DIARRHŒA CURED BY SINGLE DOSES OF CHLORAL HYDRATE.

BY EVAN CAMERON, M.B., C.M.

CHLORAL is at present claiming great attention from the profession. Day by day its sphere of usefulness is increased; but I am not aware that it has as yet been tried in those severe cases of diarrhœa which are so common at this season, and this year so unusually fatal.

(1) J. S——, a labourer, about fifty-five years of age, was attacked early on the morning of August 21st with severe vomiting and purging. Domestic remedies were employed for a few hours without any effect, and when I was sent for I found the patient much exhausted—so much so, indeed, that he could with difficulty maintain his seat on the stool from which he had not moved for hours. The vomiting was incessant. I prescribed twenty grains of chloral with fifteen minims of chloric ether in two ounces of water. In ten minutes or so the patient felt easier, and was able to lie down in bed, when he immediately fell asleep. He slept for five hours, and on awaking said he felt quite well, though feeble. He never vomited after taking the chloral, neither did he pass any more loose stools.

(2) J. L——, a tailor, seventeen years of age, was taken ill about 3 A.M. on the 27th of August with vomiting and purging. This state of matters continued without intermission till 9 o'clock. At this hour I was sent for, the messenger stating that the patient was dying. I found him in a state of collapse; the whole body was cold, more especially the extremities, which, together with the lips, were of a livid colour; the face wore a pinched expression; pulse imperceptible. Hot-water bottles, hot flannels, friction, &c., were employed with success, and in twenty minutes or so the patient commenced to rally. Brandy was administered with great benefit. At 9.30 he took a draught containing fifteen grains of chloral and fifteen minims of chloric ether. In a few minutes afterwards he fell asleep. He awoke about 1 P.M., when he expressed himself as feeling very comfortable. By evening he had rallied so much that he insisted on getting up. Both the vomiting and purging ceased entirely on the exhibition of the chloral.

Denholm, Sept. 5th, 1870.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

OPERATIONS.

ON the 19th inst. the following operations were performed at this hospital.

(By Mr. JAMES ADAMS.)

Removal of an Epithelioma of the Tongue with Electric Apparatus.—This growth was situated on the side of the tongue, and presented a surface of about the size of a small almond. The tongue being held forwards by means of a thread passed through the tip, a wire was passed through the organ a little behind and to the inner side of the base of the growth, and connected by its extremities with the battery. The wire was then drawn first forwards and then outwards, so that the part containing the growth remained attached only by a small isthmus posteriorly; the operation was completed by dividing this with the noose of a galvanic écraseur. No loss of blood occurred throughout the operation, except that due to the introduction of the thread and the wire.

(By Mr. COUPER.)

Operation for the release of a Strangulated Inguinal Hernia.—The patient was a man of about middle age. The hernia had been strangulated since the morning, with the development of no other symptom than vomiting. An endeavour (made under chloroform at the time of admission) to reduce it by taxis had failed. The attempt was renewed on the table, but not persevered in lest violence should be done to the parts. Mr. Couper then proceeded to expose the sac and incise both the internal and the external rings, after which the hernia was returned. A point of some interest in connexion with this case was that the hernia appeared to be complicated with undescended testis, until, after its reduction, a small atrophied gland was discovered in the scrotum; the other gland, though rather larger, was unusually small. Mr. Couper thought that the early stage at which the operation had been performed gave the patient a good chance of recovery, but feared that he would afterwards experience some difficulty in confining the gut to the abdomen, on account of the size of the inguinal aperture.

(By Mr. MAUNDER.)

Excision of a Carcinomatous Mammary Gland.—Mr. Maunder said that those who are commencing their studies would perhaps be surprised to learn that the diagnosis of tumours was a task of very considerable difficulty, so much so that not unfrequently even accomplished surgeons were found to hold different and opposite opinions as to the nature of a particular tumour. The case before them, however, admitted of little doubt, notwithstanding that the growth itself was exceedingly small. They would observe that, though it was freely movable on the pectoral muscle, the skin over its site was adherent and puckered, and presented a small scab; there were in addition one large and some smaller lumps in the corresponding axilla. With regard to the history of the tumour, the patient had only been aware of its existence since six months, and during this time it had been, night and day, without any special attack of inflammation, the centre of severe darting pain; she had also during this period undergone a considerable loss of flesh. These circumstances, and its own physical characters, Mr. Maunder said, indicated that the growth was a cancer of the hard variety, notwithstanding the absence of cachexia, and the comparative youth of the patient, who was only thirty-eight years of age. Two incisions, extending obliquely downwards and forwards from the upper boundary of the anterior margin of the axilla, to a point about two inches below and a quarter of an inch to the inner side of the nipple, were so directed as to include an elliptical piece of skin from two to three inches broad at the widest part, and contain the part involved by the cancer; both incisions passed to the outer side of the nipple. The mammary gland having been removed, Mr. Maunder extracted with the fingers one large and two smaller affected lymphatic glands from the axilla, exposing by this proceeding about one inch of the course of the axillary vein.

In remarking on the operation, Mr. Maunder said that although the cancer was a small one, the extent to which it had already involved the neighbouring glands bore testimony to the propriety of immediate interference. One of these lymphatics had been completely infiltrated, and was undergoing fatty degeneration in the centre. He drew particular attention to the perfect safety with which, by laying aside the knife, and making use of his fingers, he had been able to remove glands from the immediate neighbourhood of the axillary vein and numerous other vessels of considerable magnitude. He also advised that, in operations about the breast, the nipple should, if possible, always be saved.

CASES UNDER THE CARE OF MR. COUPER.

After the operations, Mr. Couper showed us, among others, the following cases at present under his care:—

A Case of Skin-grafting on an Ulcer of twenty-four years' standing.—This ulcer was on the leg of a man who is now sixty-six years of age. For several weeks before the operation of grafting was performed, he had been confined to his bed while under treatment for stricture of the urethra; but, though he was thus placed under comparatively favourable circumstances, the ulcer showed no disposition to heal. Portions of skin were transplanted on Sept. 21st, Oct. 1st and 15th. The first were almost indistinguishable for about a fortnight, and then began to grow rapidly. The

delay was shorter in the second instance. The third crop were, at the time of our visit, scarcely distinguishable. Mr. Couper said that no sooner had the grafted centres commenced to grow than the ulcer was observed to heal very appreciably from the circumference, a circumstance which was the more remarkable that the patient was at the time under precisely the same conditions of rest and diet as he had been for several weeks previously. Mr. Couper, however, was not prepared to consider it more than a remarkable coincidence.

With regard to the question of the permanence or temporary disappearance of the grafted portions of skin, on which the evidence hitherto published in these columns has appeared to be somewhat contradictory, it is to be observed that, though in the above instances they are said to have been permanent, for some days they could only be discovered with difficulty. The portions transplanted on the 15th inst. appeared to us to be readily discoverable only to those who knew beforehand where to look for them, and the only indication of their presence was an almost inappreciable difference of tint presented by the granulations in particular spots. It is not difficult to understand how similar conditions in other cases may have tended to produce a discrepancy which is more a difference of terms than of facts.

A Case of Primary Syphilitic Ulcer of the Lip.—This ulcer, situated on the upper lip of a young woman, a little to the right of the mesial line, presented exactly the same general characters as the ulcer of the tongue which we noticed under the date of the 15th inst., as being under the care of Mr. Paget, at St. Bartholomew's—viz., a flat, oval, ulcerating surface, and a distinctly indurated base; the only difference being that, in consequence of its situation, the surface of the ulcer was less moist and rather darker in colour in this instance. The submaxillary glands of the corresponding side were enlarged.

Very careful inquiries had been made as to the history of the patient, both from herself and her friends; and all the circumstances of the case seemed decidedly opposed to the theory that inoculation had been produced by the direct means which suggested itself at first sight. Without, however, implicitly accepting the more favourable view of this particular case, or being in any way influenced by it, Mr. Couper believes, with some high authorities, that a primary sore may be contracted by contact with the essentially moist surface of any form of so-called secondary eruption. Remarking on the case at St. Bartholomew's, Mr. Paget expressed the contrary opinion—namely, that a primary hard sore can only be communicated by the contagion of another sore of the primary class. It is noteworthy, also, that it appears to be the experience of several observers, that primary syphilitic sores occur, as in this instance, much more frequently on the upper than on the lower lip.

MIDDLESEX HOSPITAL.

A CASE OF FRACTURE OF THE HUMERUS AND COMPOUND FRACTURE OF THE RADIUS AND ULNA.

(Under the care of Mr. DE MORGAN.)

ON the 22nd inst. a workman from a neighbouring manufactory was brought into this hospital, suffering from injuries produced by his arm being caught between a revolving drum and a strap, which he was in the act of adjusting. He was unable to say how many times his arm was carried round before it was released by the cutting of the strap, but the limb bore evidence of violent twisting. When we saw the patient, shortly after admission, there was considerable general swelling of the upper arm, and a special prominence over a simple fracture of the middle third of the humerus; very marked swelling and glazing of the skin of the whole forearm, with a special prominence on the radial side about two inches above the wrist, and two small ragged wounds on the ulnar side. The radius and ulna were found to be fractured near the junction of the middle and lower third. There was no projection of bone through the wounds, and the head of the humerus was found to be in position. Pulsation could be felt in the brachial artery and in the radial as far down as the seat of fracture; the ulnar artery could not be detected. The wounds were not bleeding at the time, but the swelling of the parts was said to be increasing. Mr. De Morgan, who saw the patient in consultation with his colleagues, found that sensation was impaired on the radial side of the hand, and that the patient, though able to command a little movement of the fingers, could not move the thumb.

In the absence of evidence that any two of the three main arteries of the forearm, the radial, the ulnar, and the interosseous, had escaped injury, it was decided that amputation should be performed above the seat of fracture in the forearm. To guard against any injury being inflicted on the artery by a jagged end of bone, digital pressure was substituted for the tourniquet, and, for better security, applied to both the brachial and subclavian portions of its course. Carbolised ligatures were employed, and the parts were freely washed, and afterwards dressed, with a solution of chloride of aluminium, which preparation Mr. De Morgan believes to possess a greater power of astringence than the corresponding zinc salt, in addition to antiseptic properties of equal value.

After the operation was completed, the patient was maintained under chloroform during the application to the upper arm of a plaster-of-Paris and flannel splint, constructed on the plan described in the "Mirror" of the 1st inst., as adopted at University College Hospital.

WEST LONDON HOSPITAL.

A CASE OF BRONCHITIS, SPASM OF THE LARYNX, AND DEATH FROM PLUGGING OF THE PULMONARY ARTERY, AFTER SYPHILIS.

(Under the care of Dr. SIMMS.)

THE notes of the following case have been communicated by Mr. Barker, the house-surgeon:—

F. H——, aged thirty-three, was admitted on May 10th, after having attended as an out-patient for a short time, with symptoms of bronchitis, emphysema, and feeble heart. He was a bricklayer's labourer, who had had syphilis several times, on one occasion with a bubo, which was lanced. Since then he had suffered at times from "rheumatic" pains in the limbs, and headache at night.

On the day of admission he was found, after a walk of several miles to the hospital, in a state of great exhaustion with dyspnœa. He was taken in, and given some brandy, which afforded relief.

On examination, there was comparative dulness on percussion for about a hand's breadth under right clavicle; the rest of the chest was unnaturally clear, the lung overlapping the heart, and hiding its position and size, both of which conditions were natural as far as could be judged under the circumstances. On auscultation, the sounds of bronchitis were so prominent as to obscure all others. He was very feverish, and unable to lie down flat. The cough and spitting were incessant, the latter not free. He had no sore-throat, and could swallow perfectly well. There was no tenderness about trachea. He pointed to the first bone of the sternum as the seat of his distress, and expressed a want to bring something away from that point. The pupils were equal. He had never had, nor had at the time, any pain in left arm; but the voice was weak and suppressed, and there was some stridor in breathing. The pulse was 88. He was ordered salines, with large doses of ipecacuanha wine and ether, and some whisky and turpentine for local application.

May 11th.—Condition the same; no vomiting or nausea.

12th.—Bringing up some lumps of viscid and tenacious mucus has caused some relief; he still wheezes, but the heart's sounds can now be heard; they are natural. Ordered ammonia, ether, squills, and ipecacuanha.

13th.—Improved; at the apices of both lungs the breathing is clear, there being no perceptible difference between the entry and exit of air on both sides, though expiration is sometimes slightly prolonged on the left side at the area of dulness; the expectoration greenish and lumpy. At this period the history of syphilis was made out, and ten grains of iodide of potassium were added to his mixture.

14th.—Slept better, but is in other respects not so well; has slight diarrhœa; pulse 100.

15th.—Not so well, having slept badly; diarrhœa has ceased; some streaks of blood in expectoration; does not wheeze so much; no signs of pneumonia.

16th.—Pulse 80; tongue cleaner; having vomited some phlegm, has felt much relieved; sputa free from blood.

17th.—Decided improvement in voice; pulse 84; has slept badly; feels very uneasy, and says he is not so well; belladonna liniment to chest. At 10 P.M., the house-surgeon found the patient labouring with a severe attack of dyspnœa; with a livid face; a pulse hardly perceptible; breath stridulous and noisy, and inability to speak; the eyeballs prominent and staring. Inhalations of chloroform were tried without effect; large doses of ether were given, and then, as a last resource, laryngotomy was performed with speedy relief. The urgent symptoms passed away, mucus was brought up, and the patient, having taken some brandy, expressed himself quite relieved. During the night, however, there were two attacks of dyspnœa, less severe, but of a like character. Takes nourishment freely.

18th.—Pulse 116. Has had no sleep; breathes more easily, and takes plenty of food; expectorates freely. Had another severe attack of dyspnœa, of a character similar to the former, which passed off at midnight, the pulse being then 120. Takes eight ounces of brandy and other nourishment.

19th.—Another attack of dyspnœa, but a less severe one. The expectoration is now free; phlegm slightly puriform and bloody, probably from the secretions of the wound. Pulse 130. There being no symptoms of iodism, fifteen grains of iodide of potassium were added to the mixture. The patient was also ordered to inhale a mixture of chloroform, alcohol, and ether, when in distress with dyspnœa.

20th.—Has slept for two hours. Pulse varies from 120 to 102. The signs of bronchitis are disappearing steadily.

21st.—Not so well. Some erysipelatous inflammation around the wound. To take bark with bromide and iodide of potassium, of each twenty grains, and ether.

22nd.—Less erysipelas; four hours' sleep; expectoration free; pulse 112.

23rd.—An attack of dyspnœa of twenty minutes' duration.

24th.—Appears better, but is much exhausted.

26th.—The bronchitis much relieved; the erysipelas subsiding; but exhaustion increasing after each attack of dyspnœa.—At 9.30 P.M. on this day the patient died, after a very severe attack of dyspnœa ending in unconsciousness.

Report of Post-mortem Examination.—The body was fairly nourished, and bore evidences of old syphilis. On opening the chest the lungs did not collapse. In the trachea and bronchi was a considerable quantity of muco-purulent matter. Some pleuritic adhesions of recent formation on right side, and others of old date on left. The lungs were congested, and showed evidences of bronchitis; all parts floated in water, including the upper part of the left lung, which appeared thicker and slightly more dense than other portions. The wound in the larynx was healthy; the only morbid sign about the larynx itself was some roughness and irregularity of its mucous membrane. The trachea was thickened and reddened, as from chronic congestion of long standing, in patches, from which the mucous membrane was removed just as if the surface had been scraped with a blunt knife; there was, in fact, the beginning of superficial ulceration. The bronchi were so tough as to resist the knife, and were much thickened. They presented appearances similar to the trachea, though less marked; they contained muco-purulent fluid. The walls of the heart were thin, flabby, and fat; the valves were healthy with one exception; the large vessels were healthy; and clots were found in the aorta and in the left ventricle, which were of recent origin, and not organised. Extending from the right ventricle to a considerable distance up the pulmonary artery was a pale, semi-organised, fibrinous clot, so firmly adherent to the tricuspid valve that, when torn from it, a portion was left behind; it was also adherent to the walls of the ventricle, of which it occupied about one-third of the area. The other organs were all healthy.

CIVIL SURGEONS FOR THE GERMAN ARMY.—The Secretary of War has called upon civil medical men to join the Hospital Reserve of the Army. It would thus appear that surgeons are more and more needed among the invading troops. The *Allg. Centr. Zeit.*, of Berlin gives, twice a week, a list of the medical officers who meet with wounds or actual death during the campaign. The number is rather considerable.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

OCT. 17TH, 1870.

MR. GAY, PRESIDENT, IN THE CHAIR.

THE PRESIDENT opened the session with an address

ON THE LIMITATIONS OF SURGICAL ART.

MR. GAY began his address by an allusion to the war as illustrating in some respects the position that generations, like individuals, do not as they ought utilise and profit by the labours and teachings of their predecessors. We are told that on the battle-fields of France "*the miraculous effects of fresh air have for the first time been fully exemplified*," * *in preserving the wounded soldier from pyæmia, erysipelas, gangrene, and those other diseases of a like nature* which beset the surgical wards of our metropolitan hospitals; and that the device of what are called "hut or tent hospitals" has led to this discovery. Had the annals of military surgery been sufficiently scanned, it would have been seen that in 1755 Dr. Hume observed that a malignant fever which broke out in an American man-of-war was suddenly and effectively stopped by placing the men attacked in old shattered houses that admitted air freely. And, in 1764, Dr. Brocklesby, an army physician, made the observation that sheds, covered overhead, but open at the sides (the prototypes of our "hut hospitals"), were the most salubrious hospitals, on account of their being so contrived as to admit air freely. Similar experiences in modern campaigns have confirmed these views; and yet they had, as it were, *to be discovered again* in the course of the war now raging.

Having laid down the position that surgical *art* was behind its privileges—that, in other words, it had not attained those limits of therapeutical success to which it might have fairly aspired,—Mr. Gay proceeded to discuss the hindrances which have stood in its way.

Amongst these was first, perhaps, an over-estimate of the strictly mechanical resources of the surgeon. Dexterity and tact were of great importance; but they were not all-important, for they were only successfully employed when they were made to observe a due relation to the extent of those natural powers of healing and restoration with which the organism happens to be endowed. It is thus that surgical art gives the lie to that empirical dogma which proclaims it to be *curative*; and it asserts its nobility when it disdains to appeal to the silliness of mankind by arrogating to itself any such power. A *cure* is a miracle; and if the advancement of our science has taught us anything, it has taught us the encouraging, rather than the humbling, truth of inspiration, that "healing cometh from above."

The surgeon's art is liable to be defeated in its objects by a large array of hostile forces. Of these, some appertain to the injury inflicted; others—such as sex, age, temperament, &c.,—are peculiar to the individual who sustains it; a third set includes vitiated states of the system induced by changes, such as are indicated by the presence of sugar or albumen in the urine; whilst a fourth embraces those disorders chiefly of zymotic origin which attack the patient subsequent to the injury, as erysipelas, gangrene, pyæmia, &c. Of these, some are fixed and inevitable; others, also fixed and determined in their consequences, are the results of agencies that are preventable, as constitutional changes from depraved habits, &c.; whilst those of the zymotic class are altogether foreign to the injury, and absolutely preventable. It is to some of those accidents or contingencies which appertain to an injury, either accidental or premeditated, and which may be said to be in great degree avoidable, that the following remarks are intended to apply.

A wound made in an operation is of this class. What makes one wound more hazardous than another? Not *size*, nor, *abstractly*, the proximity to the trunk, although amputations at the hip-joint are eminently unsuccessful. On

* The Times.

taking accidental wounds as the bases of our inquiry for the purpose of ascertaining the sources of their relative peril, it will, Mr. Gay thinks, appear that this is very much in proportion as they approach, or actually invade, parts or organs that are supplied by the sympathetic or nerves of organic life. Wounds of most of the organs, and especially those involving large vessels, are especially hazardous. The brain tissue, for instance, may be wounded with comparative impunity at a distance from the tracts of the large cerebral vessels; but wounds of these parts, or of the dura mater, are full of peril quite independently of any hæmorrhage that might ensue. Dr. Crisp shows that the ligature of large arteries, although unattended with large wounds, are, relatively to other operations, very fatal.

The traumatic opening of serous sacs is dangerous chiefly from the tendency to pyogenetic action and textural degradation in the serous membrane—a circumstance that is utilised in the treatment of some of the disorders to which these sacs are prone,—but not on account of the wound itself; inasmuch as if it be sealed up immediately on its infliction, as in some modes of extracting a loose cartilage from the knee-joint, no harm usually accrues to it. A prolonged opening into mucous sacs, as the bladder and stomach, is, on the other hand, not attended with analogous results—a fact which seems to show that, in the former cases, pyogenetic action is of idiopathic origin, and not induced simply by the admission of the atmosphere.

The mode of making a wound seriously affects its issues. A clean cut is less detrimental to the system, and less difficult of repair, than a laceration. The different extensibility and retractability of the various tissues implicated in a laceration constitute the source of its extra hazard. Its surfaces defy exact coaptation, the essential condition of primary or adhesive union; whilst the exposure of nerve-fibres, by the comparatively greater retractability of the muscular and other tissues, and often their irritation by foreign bodies (supposing these to have caused the laceration), such as splinters of wood, &c., is a source of considerable and independent danger, from the risk of consequent tetanic complications. A wound, too, should be made by a knife with the sharpest edge, or by the finest saw; and by a few deliberate, rather than by a series of higgling and indecisive, cuts. No part of a wound, for the purpose of a surgical operation, should be made by tearing. Everyone knows that in lithotomy the chief source of its mortality is the act of tearing the prostate and neck of the bladder.

The treatment of wounds—excepting those made for the purpose of being kept open—must vary somewhat, according as the surfaces are made by laceration or a clean cut. In the latter, the surfaces should be brought together without the intervention of even blood, if it can be avoided; and the wound sealed up under the protection of some antiseptic preparation, such as a compound of tannin, zylidine (made by the action of nitric acid on starch), and ether—Dr. Richardson's "styptic colloid,"—which appears to answer this purpose. A lacerated wound should, on the contrary, be adjusted whilst the blood is oozing from the surfaces. The irregularities are thus filled up by organisable material, and the wound is reduced approximatively to the physical condition of an evenly cut wound; the exposed nerve and other fibrils are protected as by the finest wool, and parts of the surfaces that would otherwise perish have their vitality preserved by the best elaborated nutriment.

The écraseur, for these reasons, must be condemned. As to its power of restraining hæmorrhage, this is questionable in the highest degree. Mr. Gay did not remember in his experience an instance of dangerous hæmorrhage from a deep but healthy wound otherwise than from a vessel which, according to the canon of surgery, it would be unwise to wound unless the trunk had been previously secured—a vessel for which the écraseur would prove, of itself, an insufficient deterrent.

In order to secure large vessels, the ligature must be the most effectual means, and also the best; provided, that is, that the risks of secondary hæmorrhage are not greater than from other methods—acupressure or torsion. Mr. Gay constantly uses small silk ligatures, and cuts the ends off close, leaving the portion surrounding the vessel within the closed wound, and has had no reason for being dissatisfied with the results. The antiseptic animal ligature of Mr. Lister has every argument, as well as Mr. Lister's favourable experience, to recommend it. Secondary hæmorrhage is not due, so far as the records of such cases inform us, to any peculiarity in the nature of the ligature employed, but to some chronic or acute degeneration in the coats of the vessels, in which acupressure or torsion would be of no greater avail as a security against the walls or coats giving way than a silken thread. Pyæmia, as well as secondary hæmorrhage, has been known to occur after both acupressure and torsion as after the ligature.

Tension on the sides of excavated wounds, by which they are reduced to that unfavourable form of wound—viz., one having depth and breadth, with a narrow outlet, should always be avoided. In the operation of lithotomy, in herniotomy, in opening the joints for chronic disease, indeed in all operations in which it is intended to keep the wound patent, a free external wound is much safer than a narrow outlet.

Mr. Gay then treated of the pyogenetic processes in wounds as affecting the favourable issue of their treatment, and then advanced to the consideration of putrefactive processes, those which are alleged to be caused by organic germ cells. There appear to be many elements of truth in the observations that have been made, both from clinical cases and experiments, with regard to the active part that these germs take in determining unhealthy processes in a wound—processes which lead to grave constitutional complications. Such germs have been found in abundance in the immediate vicinity of a patient with hospital gangrene, and collected from amongst the dust in wards so inhabited. Hospital gangrene is a disease communicated by contagion, or rather by a diseased and a sound patient being brought into close proximity the one with the other; and can be checked in its progress by isolation. And Mr. Lister states, as the result of his experience in the wards of the Royal Infirmary at Glasgow, that the mortality after operations has been greatly reduced—his facts have been open to observation, and have not, it would appear, been impugned—by the employment of antiseptic measures, which have the effect of destroying these germ cells, or, at all events, their power of exciting morbid action in wounds. The inference from this syllogism is favourable to the hypothesis, and amply justifies its being acted upon; but in order to the efficiency of the practical measures that it inculcates, it is necessary to adopt precisely the course recommended by Mr. Lister. "It is not sufficient," says Mr. Lister, "to wash a wound simply with a solution of carbolic acid; but, in order to use this remedy successfully, the following principles or laws of using it must be followed: An antiseptic, to exclude putrefaction, with a protective to exclude the antiseptic, will, by their joint action, keep the wound free from abnormal stimulus"—abnormal stimulus of the surfaces of the wound being just that which it is necessary to prevent.

The influence of season, temperature, barometrical pressure, moisture, the electrical condition of the air, and even the direction and force of the wind, upon the results of injuries, and especially of surgical operations, is said to be very considerable. In an able monograph upon this subject by Dr. Richardson the rules which appear to govern this interference are well and clearly laid down.

Mr. Gay then passed to the consideration of those acquired states of the constitution which affect the tolerance of wounds and other injuries, favourably or otherwise; and referred at length to the influences of long exposure to vitiated air, of unwholesome and inadequate food, depraved habits, depressing passions, and other mental emotions. Of these, the habits of the drunkard and debauchee were by far most detrimental to the issues of surgical art. No skill could prevail against a nutmeg liver or a permanently corrupted kidney. The experiments of Parkes and Wollowicz, reported in the Transactions of the Royal Society, as well as others by Dr. Richardson, have incontestably proved that the continued use of alcoholic stimulants leads directly to disease of the bloodvessels and to intermittent heart's action. The habit of taking stimulants "under advice," as though they were akin in their effects on the constitution to those of the *vis medicatrix*, is becoming a "fashion" in the higher and middle classes of society; so that the champagne, the port-wine, and the brandy bottles are beginning to be as much an habitual resort under temporary ennui or languor, whether from indolence, dissipation, or indisposition, as is the gin-flask to the depraved pauper under the burthens of remorse and despair. In this way surgical art has been robbed of its just successes; and if the profession does not

seriously intervene to check an evil which has had its origin in the profession, it will, it is to be feared, be chargeable hereafter for a larger share of its failures than it would like to acknowledge.

The same false view of the value of these stimulants, and of strong nitrogenous beverages as well, has led to another mischievous practice, one that is eminently unfavourable to the success of surgical art—viz., that of urging a patient labouring under the effects of long-standing chronic disease, and especially in the prospect of a severe operation, to swallow as much brandy, port wine, and beef-tea as can be got into him. The condition resulting from this practice, indicated by a black, dry, almost typhoid tongue, a brickdust, sallow face, a feeble and often intermittent heart, and an incessant drain from the bowels, vainly attempted to be checked by quarts of chalk mixture, is most unfavourable for the performance of severe operations. The exact reverse is that state which leaves the resources of nature most free to act beneficently in times of her greatest need, and should always on such occasions, if possible, be secured.

The subjects of pyæmia, erysipelas, hospital gangrene, next came severally under review; and the advantages of fresh air and healthy situations were insisted upon as being essential to the surgeon in securing for his art its attainable amount of success. The wars, present as well as past, taught us this lesson; and it would be well that it should be acted upon without delay. These several diseases are not, perhaps, so formidable from the number of the cases in which they present themselves in our metropolitan hospitals as from the high rate of mortality which they give rise to. There appears to be no essential difference between the views the late Sir James Simpson promulgated and those of Mr. Holmes and Mr. Callender, although these gentlemen have endeavoured to invalidate his statistical formulæ. Each showed incontestably that in large hospitals pyæmia is apt to originate after operations, but that into these hospitals gangrene and erysipelas are imported from the "fever dens" of ill-ventilated and dirty neighbourhoods; that, in short, *overcrowding* and the *absence of plenty of pure air* are the sources of these malign traumatic contingencies. It is time that our large hospitals should, in imitation of the example set by Greece two thousand years since, as recorded by Plutarch, and by battle-fields since the middle of the last century, bestow a portion of their wealth in providing establishments, or, as they were called in ancient times, "temples of health," *in "high situations, where the air is wholesome,"* for such cases as are unfavourably affected by the impure air of large cities and by overcrowding.

Modern nursing is an immense advance upon the old system, and the air of cheerfulness and the inspiration of hope—"hope that, not surfeited to death, stands in bold cure"—that it is calculated to diffuse in the wards of our hospitals, goes far in sustaining patients, and carrying them successfully through their trials. It was a noble act and example that, set by one of our Princesses, in giving pictures wherewith to enliven the wards of a Royal hospital.

After commenting upon other related topics, Mr. Gay concluded his address by the following remarks:—"I have in this avowedly simple and discursive address said nothing new. I have merely brought under your notice some old facts and experiences; the more valuable, perhaps, because, like old wine, they have stood the test of time, and been refined by it too. I have repeated them because I am not only desirous that we should utilise the principles which they represent on every occasion presented to us and with all our powers, but that we should start on the pathway of new and further research from the platform which they have erected. I have repeated them because I feel assured they help us to the solution of difficulties which beset the surgeon in his endeavours to attain for his labours that full measure of reward to which they reasonably prefer a claim; and, finally, because I would awaken that earnest jealousy for the repute of our art which will brook no rest, no content, until it ceases to suffer from the stigma of unattained, but attainable, success."

The address was listened to with much attention, and a vote of thanks, proposed by Mr. De Méric, and seconded by Dr. Richardson, was unanimously accorded at its close.

Dr. ANDREW CLARK then read the paper of the evening, "On Local Inflammations, in certain defined conditions, as Causes of Pulmonary Phthisis." He said that hitherto his illustrations had been drawn from cases of pneumonia and pleurisy, and as yet he had found no exception to the laws he had set forth as regulating these relations to phthisis. In the present paper he purposed to take his examples from cases of chronic bronchitis, which, though a less common, was an equally efficient agent in bringing about phthisical destruction of the lung. Particulars of four cases were then given. In concluding his paper, Dr. Clark said that the chief causes of the phthisical complication in cases of chronic bronchitis appear to be repeated colds, over-feeding, and the abuse of stimulants. Loss of strength, feverishness, afterwards subsiding, and coarse moist crepitations, were signs of the phthisical condition. When the bronchi ulcerate, fibres of lung-tissue are found in the sputa. Fibroid or tubercular pneumonic changes in the lung follow, but the progress of the disease is usually slow. By meeting feverish complications with rest, milk diet, and salines, and by the use of inhalations of iodine, creasote, or carbolic acid, and appropriate treatment by tonics and diet, the progress of the disease may be greatly retarded, and life indefinitely prolonged.

Dr. SYMES THOMPSON agreed with Dr. Clark that tubercle often was not the primary mischief; these cases showed the value and importance of early treatment to avert the phthisical complications.

Dr. THOROWGOOD said that, in going over some of the in-patient records of the Victoria-park Hospital, he had noticed a large number of the cases of phthisis to have had their origin in a catarrh or in bronchitis, at some more or less distant date antecedently. This bronchitis was probably inefficiently treated, while doubtless alcoholic drinks were freely taken by the patient, till breaking down of lung obliged him to become an in-patient of the hospital.

Dr. HARE said we must not rush too hastily to the conclusion that the disease was of catarrhal origin. Hospital patients usually referred all their ailments to cold caught. Dr. Hare could not agree with Dr. Clark that a pneumonic deposit unabsorbed at the end of three months would never go. He had observed one case of pneumonia where the consolidation persisted for two years, and then went quite away. He insisted much on the value of counter-irritation as a curative measure.

Dr. SEMPLE complimented Dr. Clark on his accurate reports. He believed such cases to be very rare, and commonly the sequence of events was the very reverse of that stated. Early tubercle caused the bronchitis, not the bronchitis the tubercle.

Mr. STREETER made some remarks on the importance of ventilation as a preservative against phthisis.

Dr. CLARK, in reply, said he must admit Dr. Hare's case of pneumonia as an exception to the rule he had propounded. He quite agreed with Dr. Hare as to the value of counter-irritation. He did not include cases of acute phthisis in young children as sequelæ of bronchitis. He had no reason to think there was any mechanical obstruction of circulation likely to cause such hæmorrhagic destruction of lung as he had himself described in his lectures before the College of Physicians in 1866.

OCT. 24TH, 1870.

Mr. W. ADAMS exhibited casts of the feet of a lady who had suffered from the Mauritius fever four years and a half ago, and who became the subject of talipes equinus, with extreme flexion of the toes, during the period of convalescence. She was brought to Mr. Adams in January last, unable to walk; and was completely cured by tenotomy and extension. In the toes it was found necessary to divide not only the tendons, but all the soft parts down to the bones, and the lateral ligaments, and even then to employ very considerable extending force, before the natural position could be restored.

Dr. TILBURY FOX read a paper on the character of Chronicity impressed on certain Skin Diseases by their occurrence in persons who were the subjects of Constitutional Syphilis. He related a case of chronic eczema bearing upon the point; and urged that whenever a skin disease was of unusual duration, or especially rebellious to treatment, a syphilitic taint should be suspected, and the truth of the suspicion tested by the use of anti-syphilitic remedies.

Dr. B. W. RICHARDSON then read a lengthy and elaborate paper "On the Medical Aspects of the Germ Theory.' Without entering at all upon the consideration of the

origin of life, his object was to consider how far the germ theory of disease is in accord with known facts, and how far it affords explanations of them. Viewed in either aspect, he pronounced it to be untenable, and advocated in its place a physical doctrine of organic poisons, as opposed to germs, poisons capable of being introduced into the body from without, or of being generated in its own secretions, under the influence of certain definite but unknown conditions. This theory holds that the organic poisons may be colloidal, and may be transmitted as solid particles, on solid substances, or in water, or by air; that they are as destructible as other dead organic matter, and that their action upon the body is purely physical. At the close of the paper Dr. Richardson announced that he had its leading propositions printed in pamphlet form for distribution among the members of the Society; and the President stated that the discussion would be taken next Monday, immediately after the conclusion of the formal business. Dr. Richardson's paper was heard with great attention, and was followed by much applause.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, OCTOBER 18TH, 1870.

DR. QUAIN, PRESIDENT, IN THE CHAIR.

THE first communication was one by Mr. SPENCER WATSON, who exhibited a specimen of Glioma of the Eyeball in a child three years and a half old, which had secondarily involved the bones of the face and scalp, and had terminated fatally about a year after the disease had been first recognised by the ophthalmoscope. There was not, up to the last, any impairment of the mental faculties, with the exception of occasional delirium at night. A microscopic examination of the growth within the eyeball, and of the optic nerve, demonstrated a glioma which had in parts undergone fatty and earthy change. The deposit in the scalp had more fibrous elements in it. The orbit of the side opposite the eye primarily affected was also the seat of a deposit which had thrust the eyeball nearly out of the socket.

Mr. CHRISTOPHER HEATH exhibited a specimen of Aneurism of the Aorta from a man aged forty-five, admitted into University College Hospital with a large thoracic tumour some months before. There was much congestion of the right side of the neck, and flattening out of the clavicle, produced by a pulsating tumour of doubtful seat, but probably in the innominate artery. The left pulse was hardly perceptible; there was dyspnœa, but no dysphagia. It seemed to Mr. Heath of small importance whether the seat was in the innominate or aorta, with regard to operation. Mr. Heath determined to tie the left subclavian and the carotid; but on attempting to carry out his intention he failed to find the former vessel, or any of the usual guides to its situation, but came upon a pulsating sac, and the operation was abandoned. The patient went on well for two or three days, when hæmorrhage occurred, and he did not rally, and died on the sixth day afterwards. The post-mortem disclosed a large sacculated aneurism of the aorta, involving the innominate, and overlapping the site of the subclavian, which was completely obliterated.

Mr. FRANCIS MASON testified to the extreme difficulties Mr. Heath encountered in the attempted operation.

Dr. WILKS asked if there were such a thing as aneurism of the innominate without the aorta being involved. He did not think so.

Mr. HEATH agreed with Dr. Wilks.

Dr. CRISP exhibited a specimen of Hair taken from a man aged thirty-five, the subject of general alopecia, but not of syphilis or debility of any kind. No fungus was present. The patient had experienced some numbness of the body on one side, and the nails of that side were soft and ill-formed.

Mr. NUNN referred the case to syphilis.

Dr. T. BALLARD dissented from Mr. Nunn's proposition, and mentioned cases.

Dr. JOHN MURRAY exhibited several specimens of Intestines from German soldiers who had died at Sedan, showing the usual appearances of acute dysentery caused by insufficiency of food, much of it of bad quality, and by exposure.

Dr. PEACOCK exhibited two specimens of Diseased Heart, the first from a child who was cyanotic, and was between two and three years of age. The pulmonary artery was obliterated, the foramen ovale was closed, and the circulation was carried on through the ductus arteriosus. The second was removed from a cyanotic boy aged seventeen. There was in the specimen contraction of the pulmonary artery, and closure of the foramen ovale. Dr. Peacock believed the malformation originated in premature obliteration of the ductus arteriosus. There were two subsidiary aortic branches obliterated at their origin.

Dr. FAGGE showed a specimen of Embolism of the Middle Cerebral Artery, of six weeks' duration, taken from a woman aged twenty-six, admitted into Guy's Hospital on September 5th. On the day of admission she gave a cry, and suddenly became insensible, being paralysed on the right side. Next day she became conscious, but could never be got to say more than "Yes" or "No" subsequently. She sank into a drowsy condition, and died violently delirious. A loud systolic murmur was heard over the heart, and the liver was enlarged. The brain post mortem showed its left apex atropied and softened, and an embolus was found in the middle cerebral artery. There was embolism in the kidneys and spleen, and numerous vegetations on the valves of the heart.

Dr. MOXON exhibited what he thought to be Phlegmonous Gastritis, there being two abscesses in the submucous tissue not accounted for on the supposition of an idiopathic pyæmia. The patient, a man aged twenty-seven, was admitted into hospital with semi-febrile symptoms of a fortnight's duration; he was jaundiced, had pain in the side, rusty sputa, and rigors with much tympanitis. At the post-mortem, there were found, in addition to the abscesses in the stomach walls, suppuration of the rectum, and pus about the portal veins and the pancreas.

Dr. MOXON brought forward a specimen showing the colon, especially towards its termination, and the stomach in a state of follicular inflammation, and he asked, after remarking on the habit of the patient, if it might not be the condition associated with so-called "gout in the stomach."

Dr. MOXON likewise exhibited a specimen of Acute Splenitis, in which certain cells, like pus-cells, were freely found in connexion with engorgement and softening of the general texture.

Dr. BASTIAN would not like to diagnose splenitis simply on the ground of certain pus-like corpuscles being present, because the altered spleen-corpuscles may be much like pus-cells.

Dr. MOXON agreed so far with Dr. Bastian, but he depended in the present case on the yellow softening in connexion with the free clustering of the corpuscles.

Dr. BRISTOWE exhibited a mass of Cancerous Disease involving the right recurrent laryngeal nerve.

POST-MORTEMS AT GUY'S HOSPITAL.

THE Governors of Guy's Hospital have "taken the bull by the horns" as regards the right of making a post-mortem examination on those who die while in-patients of the charity. The following notice in large type has been suspended within the hospital, and will, we hope, clear up all difficulty in the matter:—

"*Notice to Friends and Relatives of Deceased Patients.*—The Governors reserve to themselves, in the interest of the public and as one of the conditions of admission to the hospital, the right of causing a post-mortem examination to be made of the body of every patient who dies within the hospital, by the Pathologist or his representative, for the purpose of accurately determining the causes of death. In the event of the friends or nearest relatives being opposed to such an examination, they are to communicate their wishes to the Superintendent, who will submit their objections to the medical officer who had charge of the deceased patient, and if he is of opinion that there is no urgent need for a post-mortem examination, the Superintendent is authorised to dispense with it.—JNO. CHAS. STEELE, Superintendent."

We would recommend other institutions to follow the example of Guy's at least in spirit. A resolution of the Board of Governors appended to the out- and in-patient letters would probably answer the purpose as well as a more formal notice—to which possibly exception might be taken in some cases.

THE LANCET.

LONDON: SATURDAY, OCTOBER 29, 1870.

THE great war which is being waged on the Continent has altogether absorbed public attention. Everything sinks into utter insignificance in comparison with the tremendous interests involved in the crash of armies and the collapse of one of the greatest military powers of modern history. All the social, educational, and sanitary reforms which are so urgently needed in this country are thrust aside until that "more convenient season," which seems as if it were never to arrive.

The increase of scarlatina of late is really very alarming, and the disease, so far from showing any signs of abatement, is every day enlarging its area and increasing the number of its victims. In the two years 1863–64, we are told, scarlatina destroyed in England more than 60,000 persons; and it is probable that the epidemic of 1869–70 will prove to have been as severe. About 200 deaths recently occurred in one week from this cause in the metropolitan district alone. While we have had recourse to the most stringent regulations with a view of preventing the spread of cattle plague and infectious diseases amongst our herds, we have taken no pains whatever to limit or control the progress of one of the most fatal and terribly infectious forms of disease amongst ourselves. And yet, if there be a malady in the world about the causation of which there is less disagreement than another, it is this very disease, scarlatina. Everybody knows that it is readily communicable, and dreads its occurrence. Everybody knows how subtle and persistent are its contagious properties. Conflicting views and wide divergences of opinion may prevail in regard to the modes of propagation of some diseases; but "doctors *do* agree" as to what is the most prominent, if not the sole, means of the spread of scarlatina. The body of every scarlatina-stricken patient is the source whence the *materies morbi* is obtained, and all the different discharges from it are simply so many vehicles for its propagation. Every diseased scale that is cast off is, in this respect, endowed with a potential power, which comes into play so soon as that scale effects contact with other and healthy human organisms. Our knowledge on these points is very definite and clear; and a good many people have asked themselves the question—Can nothing be done to stop or limit the ravages which this disease causes annually amongst the community? It is plain that we cannot stamp it out by slaughtering infected human beings like cattle—the humanitarians of this age leave the disease to do this—and burying their bodies in quick lime; but we think that some common course of action might surely be adopted, and systematically as well as simultaneously pursued throughout the country. We do not expect that the propagation of scarlatina can be altogether prevented; but it might be greatly limited. The poison is so subtle, and the channels by which it may be spread are so manifold, that we cannot with any amount of ingenuity always trap it. As an illustration in point, the reader may refer to the very interesting facts detailed by Dr. BELL, of St. Andrews, in another column, to which we may add one that occurred only yesterday as it were. A lady came by train from the extreme north of Scotland to London, felt feverish and ill on arrival, and on the day following scarlatina rash appeared. There had been a mild case of that disease in the family with whom she had been staying.

In carrying out any concerted plan, there are, no doubt, great difficulties to overcome, because any action that is taken must be in the way of rigid restrictions, and at the expense of the boasted liberty of the subject. But we do not think the difficulties would be insuperable, if the public would only consent that the attempt should be made. It would, we may presume, first of all require the careful consideration of some practical statesman to frame an Act for the purpose. Every patient suffering from scarlatina must be regarded as a source of danger to the community, and should be treated accordingly. On the occurrence of scarlatina in any house, the inmates or the medical attendant should be compelled to give immediate information to some local authority. The health officer of the district might be empowered to enter any infected house, to examine into the arrangements made for the isolation of the patient, the removal of all excreta, the proper and ready disposal of the dead, and the protection of the living. Should he consider that these arrangements are defective or unsatisfactory, he should be empowered to state in what respects they are so and to enforce attention thereto, or to remove the patient to some hospital or institution especially designed for the reception of such cases. It is absolutely essential that the bodies of those who have perished from this and similar diseases should be removed, and not be left, as at present, in the small rooms of the occupied houses of thickly-peopled localities; and pains should be taken to secure that the clothes be burned when worthless, or properly disinfected and cleansed before being again taken into use or otherwise disposed of. In the case of the educated and affluent classes the supervision of a public health officer need not be so irksome or disagreeable as might at first sight appear; for all information as to the fulfilment of the necessary precautions could be obtained from the medical attendant. In the case of those whose means and house accommodation are more limited, the advice of a properly-authorised and duly-qualified man would generally be followed whenever practicable; and if not, or if it was wilfully disregarded, private feeling must give place to considerations of public health, just as much as in the case of those whose poverty rendered them unable to adopt the needful precautions. Not only ought there to be carriages specially set apart for the transport of the sick, but every patient convalescent from scarlet fever, in travelling by rail, should be compelled to ride in carriages provided for this class of cases. In the interests of the sick it is essential, of course, that they should not be debarred from recruiting their health and strength at the seaside or other places. Before removal from their place of attack is effected, however, a certificate should be required as to the period that had elapsed since attack, their then present

condition of health, and the means that had been pursued for the proper cleansing and disinfection of their clothes, persons, &c. It is monstrous that the public health should be imperilled if it can be avoided; and it seems to us most important that infected youths from schools should not be permitted to disperse all over the country, bearing with them the seeds of this malady. There might be at all health-resorts a house, or row of houses, registered for the reception of convalescents from infectious fever, and liable as such to Government inspection. The public should be instructed as to the best methods of proceeding to prevent the spread of infection by the publication and circulation of some plain rules. There are two things, however, which a plan of this kind presupposes. The first is, that a proper amount of hospital accommodation be provided in convenient localities of different parishes for the reception of all cases in which the health officer certified the removal of the patient to be necessary. The second is, that to accomplish a matter of this kind people must think less of the liberty of the subject as individual units, and more of the safety and protection of the subject generally and collectively as a member of society. Nothing is done without some sacrifice and self-abnegation; and if we are to progress as a nation in a social, sanitary, or moral aspect, we must be content to pay something for the benefits we hope to obtain.

ON Tuesday night there was held a special general meeting of the Royal Medical and Chirurgical Society, convened to receive a Report from the Council on the present position of the scheme for the formation of the Royal Society of Medicine, and to take such steps thereon as might be deemed advisable. It was very generally known that the Clinical and Epidemiological Societies had given an unqualified adhesion to the scheme; that the Pathological Society had asked only for a single verbal alteration; and that the Obstetrical and Psychological Societies had altogether refused to co-operate. The majority of the Fellows of the Royal Medical and Chirurgical Society, who had over and over again, at meeting after meeting, given their votes in favour both of the principle and of the details of the union, seem to have regarded Tuesday's meeting as a merely formal one, for the ratification of a foregone conclusion, and they stayed away. In the meanwhile there had occurred a singular coalescence of the defeated minorities of some of the Societies; and, in a meeting of barely fifty Fellows, there were thirty who, on one ground or other, were opposed to the scheme. There is a great deal of human nature in man—even in that highest form of man which constitutes the unit of a learned Society. The thirty were an accidental majority—a singularly fortuitous concourse of ill-assorted atoms; but they saw and used the power which chance had put into their hands. Dr. GREENHOW moved, and Dr. BARCLAY seconded, a business-like proposition for carrying out the amalgamation; and to this Mr. DURHAM moved, and Mr. CROFT seconded, an amendment to the effect that the matter should be further considered that day twelve months. It is necessary for the mover of an amendment to have some semblance of a reason to assign in its favour; and Mr. DURHAM seemed to think that he had met this requirement by saying that in each Society there had been a minority opposed to union. Mr. PAGET, himself the president of one of the consenting Societies, deprecated the "surrender" of something, we did not quite clearly understand what, or to whom, by the Royal Medical and Chirurgical Society, for the sake of a "small" scheme; and he ultimately moved an amendment, which Dr. QUAIN seconded, to the effect that it should be referred to the Council to consider how the Society might more effectually co-operate with the other Societies for the promotion of their common objects. Mr. DURHAM'S amendment was withdrawn, and Mr. PAGET'S ultimately carried. The supporters of the amalgamation scheme fought a good fight, in which Dr. GREENHOW and Dr. W. OGLE were the ULYSSES and the ACHILLES of the fray. Two attempts were made to obtain an adjournment of the debate, and to appeal from the accidental majority to the Society, the labours of which were being stultified; but the accidental majority was a great deal too wide awake for that. It was inconceivable that the constituent granules of such a rope of sand should ever again be united; and, even if this difficulty had been overcome, they would have been outvoted as soon as the body of the Fellows knew that the principle they have so often affirmed was in danger. The advocates of union are perhaps rightly served. They have had too much confidence in the goodness of their cause, and they have neglected the precautions by which alone the triumph even of a good cause can be secured. They have now lost, certainly for a time, and we fear in perpetuity, all that with so much labour they had gained. The resolution of Mr. PAGET is only a decorous method of shelving the whole scheme; for it asks the Council to do again what they have been doing earnestly and continuously for the last three years; and the result of their past deliberations has certainly not been such as to render it likely that they will take any further trouble. The arguments advanced by the speakers who supported Mr. PAGET seemed to us to be little more than stalking-horses behind which to vote; but the argument of Mr. PAGET himself, that the Society ought not to give up anything except for a great result, requires a reply, not on account of its actual weight, but on account solely of the great influence of his advocacy. By the scheme proposed the Royal Medical and Chirurgical Society would have given up nothing. It would have changed its title for one higher and more comprehensive; it would have received an accession of numbers, and would have entered upon a new sphere of action. In these changes we look in vain for anything in the nature of a sacrifice.

IT is very curious to notice the importance which the element of debility or weakness has assumed of late in the doctrine and practice of physicians. Everything has been referred to debility. Skin diseases, dysmenorrhœa, amenorrhœa, consumption, dyspepsia, neuralgias, and neuroses of all kinds have been regarded as so many various forms of one protean evil—debility. Not only so; in all acute disease, debility has been pronounced the symptom that needed most consideration. The tendency to death, not only in the continued and exanthematous fevers, but in the acute local inflammations, consists mainly in their exhausting effect. Whether the acute local inflammation

was a pneumonia or a pelvic cellulitis, the practical truth was the same—that the patient's life was endangered by weakness. Of course one practical conclusion followed quick upon this theory. As all disease consists ultimately or mainly of debility—or, rather, as the danger of all disease consists in its tendency to produce debility,—the crowning and comprehensive duty of the practitioner is to uphold the power of the patient. He is to obviate the tendency to death mainly in one way—by the administration of remedies which sustain or stimulate the patient. Accordingly it has come about that patients in the most diverse states are to be seen everywhere, on the advice of their physicians, ingeniously shortening the intervals of their meals, and increasing the amount of them. Large quantities of animal food are taken in twenty-four hours, and this is accompanied with an equally liberal allowance of stimulant. Beer and sherry and brandy, along with beef and mutton, are the cardinal features of our present materia medica. Chops or sausages to breakfast, meat to lunch, and a good generous dinner in the evening, is the kind of programme of dietetic duty dictated by popular physicians nowadays. We have come to regard debility almost as if it were a separate entity—a real separate and special disease by itself. It is with the hope of trying to define more exactly the nature of debility and its treatment that we now write.

It is not difficult to understand the origin of our present views of debility as an element in disease. It dates from our discovery of the injuriousness of those measures which lowered the vital power of the patient—conspicuously of bleeding, purging, &c.; from the investigations of physiology and chemistry as to the effect upon tissues of diseased states; and from the freer use of common sense in regard to disease and its treatment. It is still more easy to explain the spread of present views of debility. It is only necessary to remember the simplicity and conciseness of this doctrine to understand the extent to which it has been adopted. That all disease is debility, and all true remedies are of the sustaining or stimulating order, is a most fascinating compendium of medical philosophy. Not only so, it involves the most pleasant duties and remedies. The physician studies to suggest pleasant forms of medicine and still pleasanter forms of food, and the chief duty of the patient is to live as well as possible.

Let us, once for all, admit that there is a great deal of sound sense and true medical science in the recognition of debility as an element of disease. The slightest observation only is requisite to ascertain how pain, or uneasy sensations, or slightly increased secretions, as of the bowels or uterus, cause debility. And, as regards acute disease, only a little more observation is necessary to satisfy oneself of the rapidity and certainty with which fever—that is to say, a higher temperature than the normal temperature of the body—wastes the tissues and reduces the power or strength of the patient. This is true not only of the class of continued fevers, in which there is a peculiar depression of nervous and of muscular power, and often a peculiar degeneration of muscular tissue, but true of all diseases attended with an increase of temperature, whether serious, like pneumonia and scarlatina, or comparatively unimportant, like a febrile catarrh, follicular tonsillitis, or an ephemeral fever. It is most true that disease and ailment are very exhausting, more exhausting than work; and that the most important duty of the physician is to maintain the powers of the patient, both because they are unduly depressed, and because it is chiefly by their integrity that diseased processes are to be gradually rectified. All medical practitioners are now agreed that it is necessary to sustain the patient's powers. We do not insist upon so obvious and so generally admitted a truth. We rather wish to say a few words in qualification of a doctrine that is obvious and apt to be abused.

The first thing we would say is that debility is not a separate entity; it is not a disease of itself; it is part of a general diseased state. And the great duty of the physician is to ascertain the nature of this general state, of which weakness is a symptom, and to remove that. This may appear a very obvious remark; but, like many obvious remarks, it is a very important one. It is not, we repeat, enough to see that a patient is weak; that is a mere symptom—a mere indication of something else. What we have to do is to find out the cause of his want of strength. And whatever removes this, whether it be medicine or food, though it be neither a bitter nor a stimulant, it is to all intents and purposes a tonic to this particular patient. It is by overlooking this obvious point that so much bad practice may be seen. A patient feels weak; and a careless adviser, accepting too simply the fashion of the day, and the first impressions of the patient, orders him increased nourishment, and, perhaps, a few extra glasses of sherry or port in the day; with no other effect than that of adding to the weakness and discomfort of the patient. Perhaps the patient is labouring under a slight rheumatic *malaise* of the system, which has not declared itself in any but slight symptoms—slight lithiasis, slight pains, a little loss of appetite, and undefinable debility. A light alkaline treatment and abstention from beer, and perhaps from coarser forms of animal food, may be all that this patient requires to restore his natural appetite for food, to clear his urine, and to make him feel himself again. Similarly, a man's weakness may be the undefinable introduction to an attack of typhoid, and can only be made worse by undue quantities or improper kinds of food; or it may be the expression of a latent scrofulosis or tuberculosis. In fine, the true construction of the debility felt by a patient depends on a right appreciation of his diathesis, and of the particular symptoms with which it is associated. So much in correction of the idea of debility as a disease by itself—of debility pure and simple.

Lastly: admitting the duty of the physician, even in acute disease, to consist greatly in maintaining the powers of the patient and in the prescription of convenient food, it must yet be considered as an open question whether we have hit upon the right methods of doing this in prescribing the huge quantities of animal food and stimulant which it is now the fashion to order. It will probably appear that we should consider more the appropriating and digestive power of the patient, and less the cramming of a given quantity of nitrogenous food into his stomach, accompanied with wine or spirit. The habits, the sex, and the constitution of the patient will

be more considered. The free prescription of stimulants for women, for the various sensations to which they are subject, will especially be reconsidered. So also will be the prescription of stimulants for men, whose debility is produced by overwork and the worry incidental to our commerce and civilisation. The recent observations of physiologists confirm the doubts which we suggest as to the wisdom of taking the very large quantities of food consumed by people even who do much work, to say nothing of the far larger class who neither work nor suffer in a way to justify much eating and drinking.

THE provisions so handsomely made and so admirably utilised at Oxford, for the cultivation of physical science, have not yet had their counterpart at the sister University, keenly as she is alive to the urgent necessity for initiating them. In May last, it will be remembered, the Physical Science Syndicate at Cambridge undertook to devise means for the purpose of meeting the charge of a professor and demonstrator of experimental physics, and their report, recommending an increase of the capitation tax from 17*s.* to 19*s.*, was discussed on Saturday, the 22nd inst., by the members of the Senate. The urgency of providing some means for commencing the study of physical science at once was the only argument offered in favour of the scheme of the Syndicate, and the majority of the speakers advocated its rejection in favour of Professor HUMPHREY'S proposal, that each College should be asked independently "whether it would contribute for this purpose, and how much." The Syndicate's scheme would not, it was thought, raise anything like the sum required to put Cambridge on a par with Oxford, even though the Chancellor of the former University had nobly volunteered to provide the necessary buildings and apparatus. The discussion terminated without anything more definite being arrived at than that an appeal to the Colleges should be adopted rather than an increase of the poll-tax. The sooner, however, one scheme or other for the effective teaching of physics at Cambridge is carried out the better; otherwise, we shall witness the far from edifying spectacle of a University which makes abstract science the basis of her discipline being compelled to provide for instruction in its practical application by public opinion operating through Parliament!

Medical Annotations.

"Ne quid nimis."

THE WESTMINSTER OPHTHALMIC HOSPITAL.

THE governors of the Westminster Ophthalmic Hospital are just now being subjected to a somewhat remarkable pressure in favour of a very singular application. They are asked to disregard one of the rules of the institution in order to appoint a particular candidate to a vacant office. So much of the comfort of the staff of any hospital depends upon the observance of rules, and upon their being considered as contracts on which the tenure of office depends, that we cannot do otherwise than call attention to the circumstances of this particular case.

The rules of the Westminster Ophthalmic Hospital provide, among other things, that "every surgeon to the hospital shall, on attaining his sixtieth year, be appointed a consulting surgeon"; and likewise that "every surgeon and assistant-surgeon of the hospital shall also be the surgeon or assistant-surgeon to a recognised metropolitan or provincial hospital for the treatment of diseases generally, or shall be or have been a lecturer or demonstrator of anatomy to any such hospital." By the operation of the rule first quoted, it has recently become time for Mr. Hancock to send in his resignation as surgeon, and to accept the retired position of consulting surgeon. It is understood that, although he has been surgeon for twenty years, Mr. Hancock bends to necessity but unwillingly; and that all laws and rules have lately been presenting themselves to his imagination under less fixed and settled aspects than heretofore. The general result of this has been that the confirmation of the Minute accepting his resignation has been postponed until November; and that in the meanwhile, and in the contingency that it will be confirmed eventually, he promotes the candidature of Mr. Hogg for the vacancy that will then arise.

Now, Mr. Hogg occupies a peculiar position. He is senior assistant-surgeon to the hospital, and has filled that office for more than fifteen years. He was assistant-surgeon before the second rule which we quoted was passed, and he does not fulfil its conditions; so that he has hitherto been considered ineligible to proceed to the surgeoncy. At the last vacancy, the then junior assistant-surgeon, Mr. Power, passed over Mr. Hogg's head, and became surgeon; and Mr. Rouse was appointed in Mr. Power's room, of course with the understanding that, on Mr. Hancock's approaching retirement, he in turn would become surgeon. It is worthy of remark that the advancement of Mr. Power had Mr. Hancock's entire sanction; and that on former occasions he has been more disposed to lay stress on the rule as a ground for Mr. Hogg's absolute retirement than to suggest that it might be set aside in order to bring about his promotion. Now, however, he takes an opposite course, and exerts himself to establish a precedent which might be quoted in support of almost any attempt to derange the natural order of hospital succession.

For the governors, the position which Mr. Hancock has thus aided to create is particularly embarrassing. On the one hand, they have to consider an officer who has not only grown grey in their service, but who, if he has any claim to be appointed surgeon now, they have already grievously injured by passing him over on a former occasion. On the other hand, they have the rule, made expressly in order to exclude gentlemen who have never enjoyed opportunities of hospital teaching; and they have formerly acted upon this rule to Mr. Hogg's disadvantage. Some among them will remember the part which Mr. Hancock took on that occasion, as well as the reasons which he assigned for taking it; and they will be able to appeal from his present opinions to those which he entertained when in the undisturbed enjoyment of the sweets of office. We cannot but think that they will feel, on a calm consideration of the whole question, that it is one in which policy and justice go hand in hand; that Mr. Hogg has no real grievance in being passed by; and that Mr. Rouse is entitled to the promotion for which he has worked as an assistant-surgeon, trusting to the rules put forth by authority, and looking forward to the near and known period at which Mr. Hancock's retirement would create a vacancy. We would even suggest that, when things have taken their natural course, and Mr. Rouse is installed in the higher office, the governors might with propriety reconsider the rule to which we have referred. There is much to be said in its favour, and perhaps something against it; and,

if the governors chose to maintain it, no one could question the propriety of their decision. But, if they chose to rescind it, they would then be enabled gracefully to acknowledge Mr. Hogg's long services, by conferring upon him the title of surgeon; of course with the understanding that his retirement would not occasion a vacancy.

There is another feature of the impending election to which we would briefly refer. Mr. Hogg has supported his application by circulating a pamphlet of printed testimonials. Now the question in no way turns upon the merits of the candidates, but upon the interpretation of a rule; and, moreover, the merits of the candidates must be perfectly well known to the supporters of the hospital where they have worked so long. Testimonials are either irrelevant or unnecessary. And because the demand for these documents is rapidly becoming a nuisance, and because their authors, however eminent, have no business to exert influence in a question that lies between the actual officers of a hospital with which they are not connected, we feel that we speak in the interests of the profession when we say that their use cannot on this occasion be justified, and should generally, as far as possible, be abandoned.

INDIAN MEDICAL SERVICE.

WE have, again and again, called attention to the discontent existing among medical officers of the Indian Service, on account of the course adopted by the Government in reference to the New Furlough Regulations. The exception made in the case of medical officers appeared to us so arbitrary and unfair that we felt assured the same privileges in regard to furlough would be extended to medical as to other officers; but it seems we are mistaken. Military officers, holding civil or military posts, may retain their appointments; but not so medical officers, who are held to have no lien on their appointments when in civil employ, nor to have either lien on their position or any claim to half-salary of the post. Members of the medical department have remonstrated against what they rightly considered an injustice, and they have been told that they are placed in precisely "the same position as members in the Civil Service." We quite agree with the *Times of India* in characterising this as the essence of a deceptive argument, for it means this: the most *disadvantageous* clause of the Civil Service furlough rules is applied to medical officers who belong altogether to the military service, while the most *advantageous* clauses of the furlough rules are declared not applicable to medical men because they occupy the position of civilians.

We confess that it is to us a cause of wonderment that the Indian Government should evince so little consideration for the members of an important, though not a very numerous department. A feeling of discontent, if really well grounded, can only damage the popularity and *prestige* of the service.

PROFESSOR VOIT ON NUTRITION.

THE current number of the *Zeitschrift für Biologie* is chiefly occupied by a paper of Professor Voit on the history of our present doctrines regarding the source of muscular power. Voit commences his paper by stating he regrets to find that he must assume a position of antagonism to one whose physiological labours have been so valuable as those of Liebig, but the weight of that name was so great that he considered it to be indispensable for the further progress of science that a reply should be given to his recently published statements. He points out the essentially different lines of inquiry that the chemist and the physiologist must necessarily pursue, and whilst acknowledging the great advantage he derived when first he undertook, fourteen years ago, his inquiries into the nutrition of the body, from Liebig's views and researches, he soon found that further advances must be made, not independently of chemistry, but nevertheless essentially by physiological and not by chemical research and experimentation; and to the carrying out of such researches all his efforts, many of them made in concert with Pettenkofer, and requiring the conquest of many difficulties, have been directed. He believes that those efforts have led to the firm establishment of certain broad and important facts, and in consequence he feels hurt at the statement made by Liebig that "now, after twenty-five years, our knowledge of the chemical processes that take place in the living body, though much wider in extent, has scarcely become more profound, and the old conception of the value of albumen in nutrition remains unchanged."

Now Liebig's original views on nutrition, and the source of muscular force, embraced several distinct points:—First, that muscular force is exclusively derived from the disintegration of albumen; secondly, that muscular work is the only cause of the disintegration of albumen, so that with more work more albumen undergoes disintegration, and the amount of nitrogenous excretion becomes a measure of the amount of muscular force that has been exerted; and lastly, that only organised albumen undergoes disintegration, the albumen of the food taking no part in the process, but being subservient only to the regeneration of the disintegrated organised albumen, or, in other words, to the restoration of the muscular tissue itself used up in the production of force. Not one of these statements can, by the light of modern research, be held to be correct, and Professor Voit's essay, which extends over 100 pages, is a long polemic against them. He treats incidentally of the question of the origin of the fat of the body from the albuminous compounds, and of several other points connected with the physiology of nutrition.

INDIAN SNAKES AND SNAKE-POISONING.

A SPIRITED little *brochure*, giving an account of the structure, habits, and poisonous qualities of Indian snakes, has just been published by Mr. Nicholson, assistant-surgeon of the Royal Artillery, with the view of helping to dispel "the lamentable prejudices entertained in India against some of the most beautiful and harmless of God's creatures, and to afford an elementary treatise for the study of an interesting branch of natural history, by which the weariness of Indian service may be mitigated."

Mr. Nicholson, from his own observation, denies a good many of the current beliefs about snakes, such as the manner in which they are said to kill their prey by crushing them to death, their reputed habit of sucking cows' teats, and robbing dairies. The natives of the south of India are declared, indeed, to know nothing about snakes. Mr. Nicholson tells us how to catch and keep, and how to play with, snakes of all kinds, cobras included; which looks well enough on paper, but would require a good deal of nerve to put in practice. He explains how it is that many of the so-called recoveries from snake-bite may be deceptive by the fact that the Indians frequently extract the fangs, and, aware of their reproduction, cauterise the fang-matrix: in some escaped cobras in his collection there is not a trace of fang or of matrix. Our author, speaking specially of antidotes to snake-poison, says that if you are really bitten by a snake known to possess a poison fatal to man, and the snake has actually injected poison into your system, unless you have the means of applying active measures at once, "you had best hang your harp on the willow tree, beg your friends not to torment you with antidotes, and make

your bow to this pleasant world as gracefully as you can"; though he does not deny that occasionally the bitten individual may recover, as in the case of the cholera-stricken; but it is extremely rare. Still, he would try the ligature above the bitten part, the sucking of the wound, and the injection into it of tincture of iodine. He has no faith in stimulants in general, or eau-de-luce in particular. Mr. Nicholson makes the important statement, worthy the attention of the Indian authorities, that many suspicious deaths are reported as cases of snake-bite to avert inquiry.

THE WAR HOSPITALS.

THE description given by Colonel Loyd Lindsay of the condition of the patients in the hospitals before Paris only makes known facts with which many surgeons were already acquainted. There can be no doubt that public opinion in this country would not tolerate a condition of things showing so little consideration for the interests and comfort of the sick and wounded such as appears to be the case in Continental armies. From all we can learn, attention to these matters and to sanitary precautions is not regarded by them in the light that it is by us. It is, however, only right to remember that generals must primarily direct their attention to one end, to which everything else is subordinate—namely, the defeat of the enemy. Long, frequent, and rapid marches have played a prominent part in this campaign, and everything has been made to give place to military efficiency. An army in the field, and moving from place to place, could not be expected to carry about with it a large supply of hospital stores and clothing. We believe we are correct in saying that the latter—special hospital clothing—is not used by our own army under such circumstances. At reserve hospitals in the rear, of course hospital clothing can be kept in store and supplied to patients as required. With regard to diet, however, it is unquestionably essential that the sick and wounded should be supplied with something beyond the ordinary field ration, and care is always taken by our own Government that extra articles of diet and stimulants are available for hospital purposes. The sources of supply are different—the purveyors feeding the patients, and the commissariat supplying the troops.

ANTISEPTIC SURGERY.

AT a recent meeting of the St. Mary's Hospital Medical Society, a paper "On the Antiseptic Treatment of Wounds" was read by Mr. Bernard O'Connor, B.A., late a student of Queen's College, Cork. Mr. O'Connor has lately visited Professor Lister's wards at Edinburgh, and has come away an earnest admirer of the plan of treatment there pursued. His paper was, not unnaturally, conspicuous for a very strong and definite, although somewhat limited, profession of faith, and for a tendency to think all those in a bad way who differed from him; but it was conspicuously meritorious in the clearness with which it laid down the general principles of Professor Lister's treatment, as well as the way in which they are carried into practice. He pointed out that the leading idea of the method is to apply an antiseptic, either carbolic acid or some other, in such a way that it shall act upon all the septic elements contained in the air that has gained access to the wound, and that it shall afterwards exclude air from it entirely. Mr. O'Connor wrote "germs" where we write septic elements; and we think the latter expression preferable in the present state of knowledge. He described a breast amputation in which Professor Lister, having first washed the integument with a solution of carbolic acid, dipped his knife into the same solution, and then made his incision, an assistant following the blade with a syringe also containing the fluid, and keeping up a constant stream of the antiseptic over the wound until its edges were brought together again; so that the operation was in reality performed under water. Bleeding was arrested either by torsion or by carbolised catgut ligature; the line of incision, when closed, was covered along its whole length by the oiled silk protective plaster, and this again by the lac plaster, and by a compress steeped in the carbolic acid solution. At three or four subsequent dressings of this case not a single drop of pus was found, and there was no odour; and the patient left the infirmary with her wound entirely healed in a fortnight. The mode of changing the dressings by the aid of the syringe and solution was also described, and Mr. O'Connor stated that, even granting the single application of the dressing to be a troublesome and somewhat tedious process, yet the saving of time and labour effected by it was in the aggregate considerable. It may be useful to London surgeons, who desire fairly to test the antiseptic treatment of wounds, to obtain the aid of a gentleman so conversant with all the details of the method as Mr. O'Connor has proved himself, for it is very commonly said that the rather numerous failures are mostly due to neglect in carrying out certain minute precautions which the plan requires.

RELAPSING FEVER IN GLASGOW.

THE authorities in Glasgow are perplexed with relapsing fever, and a very disproportionate amount of hospital accommodation. The fever is not fatal, but it incapacitates for work, and throws the families in which it occurs more or less on the rates. The number of cases reported to the Police Board on Monday, as occurring in the last fortnight, was 398, as compared with 315 in the previous fortnight. The increase as compared with the previous fortnight was 83; as compared with the same fortnight last year, 131 cases; and as compared with the average of the corresponding fortnights during the previous six years, the increase was 159. The number of cases is higher than in any fortnight during the last seven years. The hospital is full, and cannot accommodate all the cases, and increased accommodation is urgently demanded. In the meantime, food and other medical comforts, and medical attendance, are supplied to the sufferers. It may easily be imagined how relapsing fever will spread in Glasgow, especially when the cold begins to increase the overcrowding. We hope the authorities may be able quickly to extemporise a sufficient hospital accommodation, so that cases may be isolated as soon as they occur. At the next meeting of the Health Committee a proposal will be made for the purchase of an estate at Springbank of 25 acres, at £15,000, for the erection of a permanent fever hospital. The Health Committee have recommended, and the Board has accepted the recommendation, that Dr. Russell's salary as physician-superintendent, be raised from £140 to £200. Such a rise certainly does not do more than represent the increased duties devolving upon Dr. Russell, whose experience of fever must be most valuable to Glasgow at this moment.

THE SALE OF POISONS.

A YOUNG woman, of "ladylike appearance," was brought before a magistrate last week, charged with attempting suicide. It seems that laudanum was sold to her by a druggist at her own unsupported request, and on her statement that she wanted it "for some silk." "She did not know it could be applied to any such purpose, but that occurred to her as the best thing to say." The magistrate ordered the police to make inquiries, and see if the Sale of Poisons Act had not been infringed by the seller, in order

that, if possible, proceedings might be taken in the interest of the public safety. We trust it will be found that such proceedings can be maintained, and that druggists who sell laudanum to girls who ask for it on absurd pretexts may be punishable. The evil is a more serious one than it appears, since laudanum is not only used for suicidal purposes, but also for narcotising children; and hence it forms an important part of the stock of the baby-farmer. In many manufacturing towns, and other populous places, the retail trade in it is very brisk and lucrative, and certainly could only be kept in check by more severe direct punishment than any which public opinion would sanction for an apparently trivial offence. We venture to think, however, that an efficient indirect penalty might be enforced; and that two or three convictions under the Sale of Poisons Act, or any other law passed in the public interest for the regulation of his trade, might properly subject a druggist to the loss of the privileges accorded to him by his membership of the Pharmaceutical Society, and might thus do away with the possibility of his offending in a like manner again.

MEDICAL OFFICERS OF THE PLYMOUTH MARINES.

IT will be remembered that the civil commission sent by Mr. Childers to inquire into the system of the naval hospitals in February, 1869, recommended the abolition of the Royal Marine Infirmary at Plymouth, and that patients from the battalion should be sent to the naval hospital. This recommendation was carried out, and consequently the staff-surgeon attached to the battalion was removed. We learn from the *Army and Navy Gazette* that the battalion, in consequence of recent augmentation, now numbers over 1600 men, with 300 women and children belonging to the corps, and that the whole of them are under the care of two assistant-surgeons. Now, without in any way undervaluing the services and abilities of these gentlemen, it must, we think, be obvious that, in order that medical opinion should have its due influence in sanitary and other questions affecting the health of the battalion, its mouthpiece should be a senior officer of rank more corresponding to that of the commanding officer—either a surgeon or staff-surgeon. The system of sending all really sick to the naval hospital is found also to act injuriously upon the health of the men by leading many, and particularly married men, to avoid applying for medical relief in the early stages of their disorders from fear of being sent off to a distant hospital and away from their families.

We commend the above statements to the notice of the First Lord and of the Director-General, though it is on the shoulders of Mr. Childers that any blame should rest, as the civil commission was his own special invention before Dr. Armstrong came into office.

A PRACTICAL SUGGESTION.

IN consequence of the large numbers of patients suffering under relapsing fever, and the impossibility of removing them all to the workhouses and hospitals, the Guardians of Toxteth Park, Liverpool, have appointed a number of out-door nurses, who are to visit the patients attended in their own homes, and to see that the medicines and necessaries are properly administered. They are also directed to assist the medical officers by requiring and insisting upon implicit obedience to their instructions relating to the treatment of the patients and the sanitary regulation of their homes. Would it not be desirable to employ similar persons in the metropolis and other large towns where scarlatina now prevails? It is all but hopeless to expect that hospital accommodation will ever be provided to sufficient extent to put a real check upon the spread of this formidable disease, and in all epidemics there will be a large number of young children who could not be safely removed from the mother's care.

Mere sanitary cleansing has but doubtful effect in checking the spread of infection in the crowded dwellings of the poor, and it is clear that in practice we must look to more careful nursing, combined with more exact attention to personal hygienic treatment, as affording the most hopeful prospects of success.

It is almost useless to send medical men into the dwellings of the poor without affording them trustworthy assistance. The prescription of hygienic treatment is at present so obviously chimerical that it is rarely given, and the attendance is perforce limited to the administration of medicine. Dr. Cæsar, of Mile-end, says, for example, that the idea of giving a warm bath had often to be abandoned for want of proper appliances, and when attempted would have been frequently better left alone, because it was managed so improperly. This is the experience of all who have to do with the home treatment of the poor. We believe that the appointment of a few out-door nurses would treble the efficiency of the Poor-law district medical staff, and present a reasonable hope of diminishing the mortality from the scourge of scarlatina, under which the metropolis in particular has so long been suffering.

VACANCIES AT BIRMINGHAM.

CONTESTS for medical appointments are likely to be rife for the next few weeks in the Midland metropolis. The authorities of the General Hospital at Birmingham have just created two fresh honorary offices on their staff, one for a physician, the other for a surgeon. For the latter appointment four candidates are reported to be in the field, Dr. Robert Jolly, Dr. Savage, Mr. Lawson Tait, and Dr. Thomas. An addition is also to be made to the salaried resident staff of the General Hospital, in the person of a pathologist and registrar. At the Queen's Hospital, Mr. John Clay, Dr. Lumley Earle, and Mr. Arthur Oakes, are candidates for the obstetric surgeoncy: while the office of resident surgeon in the same institution is sought by four candidates—Mr. Edwin Smith, and Mr. Ravenhill, of the Birmingham School; Mr. Rickards, of University College; and Mr. J. A. Sharp, of Guy's Hospital.

THE CORONERSHIP FOR SALISBURY.

IT is satisfactory to announce the election of another medical coroner. Dr. Edward Young, a gentleman occupying a deservedly prominent position amongst the medical men of Salisbury, was elected last Monday by a majority of 10 to 8, by the Town Council, coroner for that borough. The former occupant of the post, a lawyer, Mr. Wilson, who held office for thirty-five years, was anxious to secure the election of his son, and we suspect that this purpose would have been accomplished had it not been for the activity of Dr. Lush, M.P. It was at first proposed that the Council should proceed to elect a successor to Mr. Wilson, senr., at the very meeting at which his resignation was received, and Mr. Wilson, junr., was actually proposed as such. Dr. Lush, however, pointed out that it had always been the wish of the inhabitants of Salisbury that, when an office fell vacant, there should be someone to take it who was not very closely connected with the person retiring. Somehow or other, in the legal and medical professions, it happened that a snug family arrangement was entered into in regard to the offices of the kind now vacant; and he objected to the haste exhibited, and urged the advisability of having a medical man for coroner, and giving the citizens

an opportunity of expressing an opinion on the subject. The question was adjourned, and on Monday last, as we have said, Dr. Young was elected coroner. We commend the good sense which the Town Council have exhibited in the decision at which they have arrived. The profession will not forget that Dr. Lush has again stood firmly by their interests.

FEVER AT LIVERPOOL.

THE fever at Liverpool is still steadily increasing, and the last report made to the Workhouse Committee of the Board of Guardians was to the effect that the admissions of the last week had been 430 cases, against 356 in the week preceding, and 326 in the week preceding that. In the various branches of the workhouse they had accommodation for 1370 patients, and there were then 1353, leaving only seventeen beds to spare. It was resolved that two more hospital sheds should be erected at Kirkdale, but it seems plain that this can hardly be done quickly enough to keep pace with the demands of the ever-growing epidemic. It is much to be feared that the fever will soon reach other classes than those that have hitherto furnished the victims, and that so many sources of infection must tell upon the general population of the town. We are informed that the sanitary state of Liverpool is in many respects as bad as it can possibly be, and that there are miles of sewer simply excavated in porous sandstone and left unlined, so that excrementitious matters filter freely into the soil. If this be so, it implies a terrible neglect of duty somewhere, and a neglect that will not fail to involve a heavy penalty.

VACCINATION IN THE NEGRO.

DR. MORTIMER, R.N., has called attention to a circumstance in connexion with vaccination in Africans which we are not aware has been remarked before—namely, that the vesicles take a longer time to develop in the African than in the white man. On the 10th December, 1868, he vaccinated two African boys (servants on board), eight officers, and two men. On the eighth day the vesicle was fully developed in the officers and men, but could hardly be seen in the Africans; in fact, it was thought to have failed; but on the tenth day it began to appear, and on the twelfth was fully developed. Dr. Mortimer afterwards vaccinated some Englishmen from these boys with good effect.

On the 12th December Dr. Mortimer vaccinated from tubes, on Quarantine Island, two Americans and a Frenchman who had charge of the Africans, and fifty-five Africans, chiefly young children. On the eighth day the vesicle was fuly developed in the Americans and Frenchman, but was not developed in the Africans until from the eleventh to the thirteenth day. On the 14th December he vaccinated seventy Africans, and the vesicle ran the same lengthened stage.

THE CROYDON GENERAL HOSPITAL.

THE third annual report of this valuable institution shows that it has attained a most satisfactory status, and that its usefulness is fully appreciated by its neighbours. For the year ending 30th June last, sixty-six men and sixty-four women were admitted into the hospital, and of these, thirty-three, or one-fourth, were cases of accident. Fourteen deaths occurred during the same period, six being the direct result of accident, and the remainder from ordinary disorders. The hospital contains eighteen beds, and the average stay of each in-patient was twenty-eight days; the average cost, inclusive of establishment expenses, having been £6 2s. 10d. per in-patient, and £47 1s. 9d. per bed. The dental department of the Croydon Hospital appears to be especially active, and the use of nitrous oxide gas very general: 334 operations have been performed in this department during the year.

We are glad to find that the pecuniary position of the Croydon Hospital is good; but subscriptions are needed to the building fund, as a renewal of the lease of the present premises has been granted for only three years. In such a populous neighbourhood, however, there should be no difficulty in obtaining funds for so deserving an object.

REMOVAL OF PAUPER PATIENTS.

ONCE more we call upon the Poor-law Board to issue proper instructions and regulations for the removal of pauper patients to the hospitals and workhouses. In no other civilised city in the world, and under no other department than the Poor-law Board, do they permit a puerperal woman, who had been delivered of a dead child and was in a debilitated febrile state, to be doubled up on the back seat of an old fever cab for conveyance to the hospital. In Paris, Brussels, and Berlin, there are ambulances provided at the public cost, and proper directions are issued for their use; but here every officer acts upon his own limited knowledge and responsibility, and the patient is removed hap-hazard in a public cab, an omnibus, fever cab, or open cart, as the case may be. The woman in the case referred to was found dead upon her arrival, and the verdict of the jury was "Death from inflammation, accelerated by want of proper accommodation in being conveyed to the hospital."

We venture to think that the best remedy would be to double up the Poor-law Board, or, if that be impossible, one of the inspectors.

LADY AMBERLEY'S SCHOLARSHIP AT EDINBURGH.

MISS EMILY BOVILL, from London, was the successful competitor for this medical scholarship. Five ladies competed, two of them being from London, two of them residing in Edinburgh, and one from Dublin. The subjects of examination were English, Latin, arithmetic, mathematics, mechanics, French and German. All the competitors acquitted themselves creditably, and all are therefore at liberty to enrol themselves as medical students. Fifteen ladies (besides these five) expressed their wish to compete; but having only one month's notice of the examination, they were unable to prepare in time.

MISS GARRETT, M.D.

WE are extremely glad to see that Miss Garrett has permitted herself to be nominated as a candidate for the Marylebone division of the Metropolitan Education Board; and we trust that members of the profession will spare no pains to secure her return. She has issued an address, from which we need not quote, but which will commend itself at once to the sympathies and to the intellects of our readers. Miss Garrett's abilities are so exceptionally great, when tested by the standard of either sex, that we may, in her case, at once put aside all controversy about women doctors, and say without reserve that she is an ornament to the calling that she has embraced. Her physiological knowledge will supply a valuable element, that does not usually enter into school boards; and her sex, if it influences her at all, will do so by giving her a warmer sympathy with everything that can help to elevate the child. It is a good augury for the working of the new Act that Miss Garrett should even seek to be one of its administrators; and we trust there can be no doubt that Marylebone will secure the great benefit of her services.

MILITARY SURGERY.

THE Report furnished by Dr. M'Cormac of his portion of the work performed by the Anglo-American ambulance contains some interesting facts beyond those to which we briefly adverted last week. The primary amputations, without doubt, did much better than the secondary. When it was possible to investigate the nature of the injury within the first twenty-four or forty-eight hours, and then operate, if needful, the results were far better than when amputation was undertaken ten days or a fortnight after the injury. This coincides very much with what we have heard of the results obtained elsewhere by the German and French surgeons. With but few exceptions, it was found that both the Prussian and Chassepôt balls produced most extensive fracturing of bone; and the cases in Dr. M'Cormac's experience, in which the practice of conservative surgery was expedient, were but few. He thinks that the Prussian bullet, from being much the heavier of the two, on the whole caused the greatest amount of damage.

TRANSATLANTIC COURTESIES.

WE have been favoured with the receipt of a pamphlet containing some 190 pages of small type, wherein is set forth particulars of a suit instituted against Dr. Lewis A. Sayre, of New York, for alleged malpractice. Two other well-known surgeons are said to have stated that an opening made in the gluteal region of a child (the subject of the action) communicated with the joint, and that synovia had escaped. But the sum and substance of all worked itself into the fact that Dr. Sayre had diagnosed a chronic abscess, had immediately opened that abscess, and had incurred the grave displeasure of the mother in so doing. Thereupon the action was brought, a verdict in favour of Dr. Sayre was recorded, and the plaintiff was ordered to pay an extra allowance of 1000 dollars in addition to the ordinary costs of the suit. We call attention to this trial for the purpose of congratulating Dr. Sayre. The courtesies of the profession appear to need cultivation in New York, as well as on this side of the Atlantic.

YELLOW FEVER IN SPAIN.

WE have received intelligence as to the progress of yellow fever in Spain. The admissions into the hospitals at Barcelona on the 9th inst. amounted to 22, with 13 deaths, and on the 10th to 25, with 12 deaths. At Alicante, on the 8th, there were 11 fresh cases, with 3 deaths. On the 9th 5 fresh cases, and 2 deaths; and on the 10th, 6 fresh cases and 3 deaths. At Valencia the Local Sanitary Board has suspended its daily meetings,—a satisfactory sign. There are rumours that yellow fever has broken out at Lorca and Orchuela, towns some thirty miles inland from Alicante and Murcia. These reports appear to be vague and untrustworthy, and may probably be ascribed to the excited state of the residents, alarmed at the arrival of people who have fled from Alicante. Seville, Cadiz, and Andalusia generally are reported very healthy. The fever appears to be exhausting itself in Majorca, in which island it would seem that the disease has been very fatal.

CONTRACTS FOR DRUGS.

THE Guardians of Brighton have resolved to discontinue their practice of contracting for the supply of "neat's-foot oil," and to adopt the practice of contracting for "drugs, drapery, and earthenware." The advantage of contracting for drugs was stated to be the chance of getting them cheaper by throwing the contract open to the public. The excessive liability of drugs to adulteration was pointed out as a great objection to this course. Notwithstanding, the principle of contract was agreed upon. We cannot say that this course commends itself to our approval. Paupers do not require much medicine, but when it is administered it should be of the best; and human nature being as it is under the contracting and competing conditions of trade, it is difficult to believe that the Brighton pauper will get the best medicines when he is supplied with his iodide of potassium, quinine, and opium by the lowest bidder. We hope this resolution of the Brighton Board will be reconsidered, and that meantime a very sharp look-out will be kept on the drugs supplied.

THE BROMYARD COTTAGE HOSPITAL.

WE chronicle with satisfaction the establishment of another of these successful little hospitals, which are springing up in various parts of the kingdom, to meet the special wants of the poor in rural districts. The subscribers to the Bromyard Cottage Hospital held their first annual meeting on the last day of September; the meeting was presided over by the Bishop of the diocese, and was marked by great unanimity throughout. It was at first believed that the hospital would not be a success from want of funds and of patients to fill it; but the reverse has been the case, whilst the institution is gaining great popularity from the homeliness of its arrangements, the facilities which its inmates enjoy for seeing their friends and relatives, the careful nursing, and the wholesomeness of the atmosphere which the patients enjoy within its walls. There are five beds, which have always been full; and forty cases in all, some of which have undergone severe operations, have been treated, with only one death, and one discharged incurable. The average cost of each patient was £4 11s. A small weekly payment is expected from each patient, a regulation which on many grounds has our entire approval; and we are glad to find that the subscribers are fully alive to the operation of this rule in the encouragement of provident habits, and the protection it affords against the reception of improper cases. These cottage hospitals, in their degree, are, as Sir Herbert Croft very properly remarked, antidotes to the workhouse. We congratulate Bromyard on the success of the first year's work of its cottage hospital.

THE DISPOSAL OF THE BODIES OF FRIENDLESS PAUPERS.

THE Guardians of Lambeth have empowered the medical officer of the workhouse to give directions to the master respecting the disposal of the bodies of any paupers who die friendless. We commend this exceedingly proper arrangement to the consideration of the Poor-law Board. It is one which ought to be enforced in all workhouses. The medical officer would, on the one hand, take care that no poor person's feelings were wounded, and, on the other, that the bodies of the really friendless should be forwarded to the medical schools, in accordance with the Anatomy Act.

THE CULTIVATION OF CHINCHONA IN INDIA.

THE last report in the material progress and condition of India shows that there are now 2,595,176 chinchona plants belonging to the Government in the Neilgherry hills, of which 1,148,424 are permanently planted out, the largest being twenty-four feet and a half high, and thirty-two inches in girth near the ground. Mr. Broughton, quinologist to the Government, appears to have established the fact that the highly cultivated bark is superior to that grown in a wild state, and shows that the febrifuge alkaloids are more abundant in vigorous and quickly growing trees, that the

yield increases with the age, but that the ratio of increase becomes slower until, at a certain point not yet ascertained, the maximum yield is obtained. It is very satisfactory to know that in future generations the public services in India will not, as heretofore, be dependent for their supplies of quinine on the Home Government.

THE POOR-LAW MEDICAL ARRANGEMENTS IN ST. PANCRAS.

WE rejoice to observe that the arrangements for out-door medical attendance on the poor of St. Pancras have been definitely settled. There are to be eight districts, with a medical officer attached to each. There are to be three dispensaries, with a dispenser attached to each. The medical officers will be required to attend at the respective dispensaries during two hours daily, and the dispensers from 9 A.M. to 6 P.M. The salaries of the medical officers are to range from £100 to £130, the guardians of course finding drugs and paying the usual extras allowed under the orders of the Poor-law Board. The boundaries of the districts and some other details will be settled at a future meeting of the guardians. The medical officers will not be debarred from private practice.

THE COOLIE TRADE.

A COMMISSION is now prosecuting, at Demerara, a public inquiry relative to the treatment of coolies on that island. The evidence at present reported intensifies our remarks on this subject, which have always been to the effect that more care should be used in the choice and inspection of the coolies before embarkation. The immigration officers in the West Indies very fairly imply that it is impossible to keep bad or inferior vital material in good working order, and that unhealthy workmen sent from the East are worse than useless. We hope and believe that the result of this Commission will be to inaugurate some radical and material improvement in the working of the Emigration Depôt at Calcutta.

THE POOL OF SILOAM.

THE miraculous efficacy of the Pool of Siloam, as recorded in the Scriptures, is familiar to us all, but its modern condition appears as fraught with danger as was its ancient with the power of healing. Speaking of a fatal case of enteric fever, the surgeon of H.M.S. *Endymion*, Dr. Alex. Fisher, says:—

"I attribute the origin of this case to the use of the water at Jerusalem, and consider ourselves fortunate in having escaped with only one case of enteric fever among the seventy-two persons visiting it. Without the walls of Jerusalem the water appears to be very good, but inside it is received into vast tanks and reservoirs beneath the Haram area, and elsewhere. These, from what I saw in the excavations recently executed by the Palestine Exploration Society, are entirely without protection from receiving a large proportion of the sewage of the city, in some cases without even the slightest filtration through earth, or other obstacle. At the Fountain of Siloam, and Pool of Siloam, the water distinctly tasted like soap-suds, brought down by the water from the baths, &c., close to the Temple enclosure."

STUDENTS AT THE PROVINCIAL SCHOOLS.

THE following are the numbers of new entries at several of the provincial schools:—At Leeds, 28; the Liverpool School of Medicine, 28; the Sheffield School, 7; the Manchester School, 36; the Bristol School, 9; at Birmingham, 18; at Newcastle-on-Tyne, 23. The total number of students at Birmingham is 98; at the Liverpool Infirmary, 61; at Leeds, 70.

CATTLE PLAGUE.

THE cattle plague is making great ravages all along the Meuse and about Sedan. The *Agricultural Annals* of the Grand Duchy of Luxembourg announce that the scourge is extending frightfully close to the French and German frontiers of this country. It appears to be raging with great intensity along the Asiatic coast of the Black Sea.

THE mortality from scarlet fever continues excessively high in London, the deaths having exceeded 190 in each of the past three weeks. Only 3 per cent. of the deaths have occurred amongst adults, while 66 per cent. of the victims have been children under five years of age.

DR. SYMES THOMPSON, the Gresham Professor of Physic, will deliver the following lectures at Gresham College: November 4th, "On the Organs of Respiration in Health"; November 7th, "On Hay Fever"; November 8th, "On the Respiratory Organs in Disease."

WE have received a number of the *Academy*, being the first of a new volume. If all the numbers be as good as that before us, we can speak in high terms of the way in which it is conducted. The paper by Prof. Rolleston on Sir John Lubbock's late book, and his review of Huxley's "Lay Sermons" are interesting articles; and there are besides some good short notices of foreign contributions to science, natural history, and physiology.

THE annual dinner of the Sydenham District Medical Society was held at the Crystal Palace on Wednesday last, under the presidency of Dr. Wilkinson, and was well attended by both ordinary and honorary members.

THE Brighton guardians have granted a superannuation allowance of £52 per annum to Mr. D. Richardson, late medical officer for the western district of the union. In passing the resolution, a marked compliment was paid to Mr. Richardson, expressive of regret at his retirement.

ONE of the Curators of the University of Edinburgh has just died in Mr. Andrew Fyfe, S.S.C., a citizen of much local influence and respectability, who, as in the late election to the Midwifery chair, invariably supported the Town Council *protégé*.

A CORRESPONDENT of the *North Wilts Herald* asserts that the sanitary condition of the town of Cirencester is simply deplorable. There is no sewerage, and the town is said to be honeycombed with cesspools.

THE co-operation of the clergy of all denominations within the parish of Marylebone is being sought for instituting a "Hospital Sunday" in that parish.

INQUIRIES into the sanitary condition of Kingsbridge and Ivybridge, Devonshire, have lately been held by Mr. R. Morgan, one of the Home Office Inspectors.

WE understand that the medical staff of the pension districts and convict establishments of Western Australia is shortly to be augmented. These appointments are made from the medical officers of the army on the half-pay list.

THE authorities in India are taking steps to promote the vigorous cultivation of ipecacuanha.

THE Birkenhead Commissioners have reduced the salary of their medical officer of health by £200 a year.

MISS NIGHTINGALE ON THEORIES OF DISEASE.

To the Editor of THE LANCET.

SIR,—May I request the favour of space in your columns for the subjoined memorandum. The importance of the subject must be my excuse. Although very unwilling to appear before the public in the ungenerous character of a critic on what has fallen from the pen of Miss Nightingale, for whose writings, labours, and public services I have the most unfeigned respect, the deep interest I feel in questions relating to the public health in India constrains me to controvert what this eminent writer has placed on record in a public and official document, given to the world under the high sanction of the Minister for India. I feel this to be a duty all the more incumbent on me, because, in my official capacity, I was one of those who advised the Government of India to institute the inquiries into the origin and propagation of cholera, the utility of which Miss Nightingale has called in question. I think it right to add, however, that I alone am responsible for this criticism; my colleagues will see what I have written for the first time when it appears in your columns.

When Miss Nightingale has anything to say, it is said boldly in her own name. I feel, therefore, that it would be disrespectful and unmanly to criticise what has been thus written, either anonymously or under the cowardly shelter of a *nom de plume*. I therefore subscribe myself,

Your obedient servant,

Royal Victoria Hospital, Netley. W. C. MACLEAN.

The Secretary of State for India in Council has just published a "Report on Measures adopted for Sanitary Improvement in India, from June, 1869, to June, 1870."

Miss Nightingale was asked to "say a few words on the present aspect of the work of sanitary improvement in British India," and this lady's "few words" are printed in the report.

In Section 2 of her paper Miss Nightingale thus expresses herself:—"Has not some uncertainty been thrown over the whole subject of Indian public health questions by intruding into it theories of disease? The intention is, of course, to obtain some central principle of action. But as no two people in search of such a principle ever probably arrived at the same, the general result of this method of dealing with public health questions is to amaze practical people, and to afford a good reason for doing as little as possible. The public health question is not a question of opinion. It is a question, 1, of what is fact; 2, of what is practicable and expedient? However ingenious a thing a theory may be, the wisest thing is never to expend public money on it. Are not the theories we have had, too, not of Indian produce, but of European manufacture? And have they anything whatever to do with public health problems? The questions to be dealt with are either questions of fact or they are nothing. No speculative matter should ever peep out of, or creep into, public health reports intended to lead to practical action."

Miss Nightingale has added a long note to this passage, in which she illustrates her meaning by a reference to the inquiry now being carried on in India on the fungoid theory of cholera, and the experimental trials on the "ground-water" theory of Professor Pettenkofer. Perhaps it will be better to give the essential part of the note in Miss Nightingale's own words:—

"The Government has an inquiry instituted, and the first result is, that there are no special cholera fungi in India; the second, that cholera has assumed great intensity where there is no ground water at all. Others state explicitly that cholera excreta are the special foci of cholera. But then we find cholera spreading in great intensity where cholera excreta are dealt with in conformity with this theory, and not spreading at all (as in the hospitals of Calcutta) where they have not been so dealt with. Another lays all the blame on cholera poison getting into water, unconscious, apparently, that cholera has committed ravages where no such occurrence could possibly have taken place." "These," adds Miss Nightingale, "are but a few flowers from the garden of theories; but should these gardens be cultivated at all where the struggle with cholera is a dreadful, a too dreadful reality, and not a book theory?"

Now on the above we have to observe that the investigation into the fungoid theory of disease was never intended to interfere, and in point of fact has not interfered, in the smallest degree with those measures of general sanitary reform which are detailed and commented on in the Report before us. Granting that, so far, the investigations of Drs. Lewis and Cunningham have only given negative results, no one can doubt that the "theory of disease" put forward, after at least much painstaking labour and experiment, by the "German professor," was one worthy of being investigated; for had it proved to be based on fact, it would at once have solved a problem of the deepest interest to mankind at large, and in all probability have led to such measures as might have "stamped out" the disease in its birthplace and most favourite home. Moreover, we have no right to assume that, because the fungoid theory may prove to be a mistake, the searching inquiry into the mode of origin and spread of cholera in India now being conducted by the above-named gentlemen may not be productive of other results of importance both to the physician and to the sanitary reformer. The same is true of what is known as Pettenkofer's theory of "ground water" and its relation to cholera. It may not be true, it probably is not true to the extent supposed by the eminent man who conceived it, and supported it by arguments derived from much observation and honestly conducted inquiry and experiment; but it is even yet possible that this "theory of disease" may throw light on a fact not without interest, we may suppose, even to sanitary reformers of Miss Nightingale's school—viz., the oft-observed but as yet little understood fact, that this disease does frequently show a preference, so to speak, to certain places, which it scourges, sparing others to all appearance neither better nor worse as regards ordinary sanitary conditions, but presenting differences of soil. With due deference to Miss Nightingale, we venture to think that this is a point worthy of being investigated by the cheap and simple methods pursued, which in no way interfere with the only measures to which Miss Nightingale attaches any importance.

Again, on the theory that "cholera excreta are the special foci of cholera," we have to observe that there are many facts—and Miss Nightingale is all for facts—which have a very important bearing on the at least occasional propagation of cholera in this way, and that those who advocate the disinfection and destruction of cholera excreta do not deserve to be put down as foolish theorists. What has been observed in the hospitals at Calcutta, and elsewhere in India, is, that the hospital servants, whose duty it is to remove the *fresh excreta* of cholera patients, do not suffer from the disease in an exceptional way. This is one "fact." But these same cholera evacuations, *after they have undergone decomposition*, do become dangerous; and there is abundant evidence to prove that encamping grounds saturated with these discharges have in a great number of instances propagated the disease to healthy regiments using them; and the observations of such "theorists" as the late Dr. Snow, Dr. Budd of Bristol, Mr. Simon, and many others, have established it as a fact beyond the reach of doubt or cavil, that cholera has again and again been propagated by the excreta of cholera sufferers mingling with the water consumed by healthy people. This is another "fact"; and we submit that those who desire to investigate it are worthy of praise, and not of the contempt which Miss Nightingale, in a public and official record, heaps on them.

In conclusion, let us observe that when Jenner noticed an eruption on the hands of cow-milkers, and the immunity from small-pox which they enjoyed, when he conceived the idea that some virus taken into the systems of the milkers exercised a protecting influence against a loathsome disease, then the terror of mankind, which, to use Miss Nightingale's words applied to cholera, was "a dreadful, a too dreadful reality," he, in fact, framed a "theory of disease." Now, if Miss Nightingale be right, when Jenner proceeded to put his theory to the test of experiment he was worthy of reprobation for applying his "theory of disease" to a public health question, instead of leaving it to be dealt with by sanitary reformers in another age. In point of fact, he did the very thing now being attempted in India in the cholera

investigations, which Miss Nightingale, in the paper under review, does her utmost to ridicule, to discourage, and to put down, for no other reason that we can see than this, that those investigations, in some way not apparent to others, interfere with the large measures of sanitary reform now being carried out in India, and from some unexplained notion that the tendency of experimental inquiries by highly competent observers is, not to find some central principle of action, but to throw uncertainty over the whole subject of public health questions in that country.

THE SURGERY OF THE WAR.

(FROM OUR SPECIAL CORRESPONDENT.)

HAVING described as far as I can the hospital of the Anglo-American ambulance at Sedan, and its organisation, I shall proceed to do the same to the general nature of the wounds, and the modes of treatment usually adopted. Of course, having been able only to observe a small number of the cases, and that for a short time, it is impossible to give any statistically accurate information with regard to the wounds, or the result of their treatment; I can only mention such cases as I happened to notice, and give the general ideas which have been left on my mind. Doubtless a detailed account of the practice of this large hospital, including over 500 cases, will all be published in good time. The result of a very large number of the cases must, however, unfortunately remain unknown, as the Prussian authorities ordered the removal of every patient as soon as was possible, in many cases before any accurate idea could be formed of the ultimate result of the case. The removals were often made in common country waggons, without even straw for the patients to lie on, so that it is quite possible that cases going on well up to the time of removal may have taken a bad turn afterwards. All the patients in the hospital were French, and almost without exception were wounded at one of the last two days' fighting—that is to say, on August 31st, or September 1st. All the bullet wounds were, therefore, made either by the Bavarian rifle or the needle-gun. The bullets of these two rifles are much the same in diameter, but different in shape, the Bavarian having a flat base, while that of the needle-gun is more the shape of an olive. They are both considerably larger than the chassepôt bullet. The course of the bullet in most of the cases I saw had been very straight, and the bones in its path were usually fearfully shattered and fissured, often to a great distance from the seat of injury. In fact, the wounds agreed exactly with the ordinary descriptions of rifle wounds in modern works on military surgery. Besides bullet wounds there were a considerable number resulting from fragments of shell. Those made by the smaller pieces differed but little from bullet wounds in appearance and results, but the large fragments produced far more terrible effects. In one ward I saw two poor fellows with almost exactly similar wounds. Each had been struck by a fragment of shell in the loins and gluteal region. The skin, erector spinæ, and gluteal muscles were divided, laying bare part of the sacrum and last lumbar vertebra in one case; and in both a large piece of the outer surface of the os innominatum, which in one case was fissured in all directions, and driven in towards the cavity of the abdomen. The whole formed a gaping wound about ten inches in length by five wide. I saw these two men up to one month after the injury; one was then sickening with pyæmia, but the other seemed progressing well, and the wound was granulating healthily. I saw another peculiar shell-wound in which the right eyeball had been completely destroyed without injury to lids, the only wound visible externally being a small scratch on the cheek.

At the time I first saw the patients, wounds of the lungs, head, or abdomen were not common, most having perished, I suppose, before my arrival. Wounds of the extremities formed the greater part of the cases, and a clear majority of all wounds were of the lower extremity. I had the opportunity of watching one very interesting case of wound of the chest in a young Alsatian who had been struck by a bullet on the right clavicle. The ball was extracted from under the skin in the right interscapular region, opposite the spine of the scapula. Some time after a fragment of the clavicle, more than three-quarters of an inch in length, and consisting of nearly half the thickness of the bone, was removed from the same wound, having completely traversed the lung with the bullet. Air escaped freely from the wound on coughing, yet there was no general pleurisy or pneumothorax, the only physical signs being those of consolidation of the upper part of the lung, and the discharge scarcely moistened the dressing. He was soon afterwards removed by the Prussians, in apparently good health, to some other hospital. This was of course a rare exception, and contrasted favourably with the case of another patient, a Zouave, wounded in much the same part of the lung. This poor fellow was suffering from pneumothorax, and fetid suppuration in the pleura, the discharge being enormous, amounting to about two pints daily, all proceeding from a wound which would scarcely admit the nozzle of a syringe. This man survived over a month, and at last died from exhaustion.

Of wounds of the head I saw none of particular interest, as I suppose I was too late. There was, however, a very remarkable case of wound of the spinal cord, about the region of the fifth cervical vertebra, causing paralysis of the whole body below the wound except the right arm, the respiration being entirely abdominal. In this state he lived for nearly three weeks, when pneumonia and exhaustion put an end to his misery. I regret to state that I believe no post-mortem examination of the body was made.

In the upper limb wounds of the joints were very common, especially of the elbow. I saw one also of the wrist, the ball having passed laterally, entering just below the styloid process of the ulna, and making its exit on the palmar surface, near the ball of the thumb, shattering all the small bones of the wrist on the inner side of the carpus. Most of the fragments were removed by degrees as they became loose, and in spite of considerable burrowing of pus both upwards and downwards, there seemed every prospect of saving the hand.

In the lower limb many primary amputations had been performed by the German surgeons, and a considerable number of these were alive when I joined the hospital. It was curious to contrast the usually healthy look of these men with the miserable appearance of those on whom conservative surgery had been practised. Wounds of the knee were frequent, and in many cases attempts had been made to save the limb; but, as far as I know, these all resulted in excision or secondary amputation. There was also a considerable number of simple flesh wounds of the thigh, some penetrating, and some not. These were always accompanied by most profuse suppuration, frequently burrowing among the intermuscular spaces. I saw none of these die, but some were brought very low, especially when they also suffered from diarrhœa or dysentery. Conservative surgery in bullet fractures of the bones of the leg seemed very fashionable, but I am afraid met with little success where both bones were fractured. I saw one interesting case, in which the bullet had punched a clean hole through the tibia from side to side, leaving the fibula uninjured. In front and behind the hole, the bone was splintered into several fragments, but they were all in normal position, remaining attached to the periosteum. Fragments of the cancellous tissue continued to come away at each dressing for the first two weeks, but the discharge was very slight, and when I saw him last he was in a fair way to recover.

Almost all the wounds of every part were accompanied by most profuse suppuration, caused by the depth of the wounds, and consequent accumulation of pus in the deep parts. The discharge was in every case more or less fetid, as the means adopted failed to prevent putrefaction in the deep parts of the wound, although disinfecting the pus when it escaped. In some cases the fetor was horrible, and the pus caused most unpleasant sores on the hands whenever it came in contact with a raw surface, suggesting forcibly the dangerous amount of irritation half a pint of such pus must cause when pent up and burrowing in the deep parts of a limb.

EXAMINERS AT THE COLLEGE OF SURGEONS.

WE must content ourselves this week with simply announcing that on Thursday, the 27th inst., the following gentlemen were elected examiners:—Messrs. Hancock, Le Gros Clark, and Savory. Five members of the Council were absent from the meeting—namely, Messrs. South, Turner, Solly, Simon, and Erichsen. We would ask how the Council reconciles this action with its recent resolution?

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. — At an extraordinary meeting of the College on Oct. 17th, the following gentlemen, having conformed to the bye-laws and regulations and passed the required examinations, had licences granted to them to practise Physic, including therein the practice of Medicine, Surgery, and Midwifery:—

Cooper, Arthur, M.R.C.S., Stamford-street.
Drew, Alfred Stanbanks, M.R.C.S., Stow-on-the-Wold.
Halket, Laurence John, the Infirmary, Newcastle-on-Tyne.
Harris, Arthur George Rawson, Thames-side, Staines.
Mathias, David, M.R.C.S., Cardigan.
Paulson, William, Falmouth-road.
Symons, Henry Edward, M.R.C.S., St. Barthol. Hosp.
Vachell, Charles Tanfield, M.R.C.S., King's Coll. Hosp.

The following candidates, having passed in Medicine and Midwifery, will receive the College licence on their obtaining qualifications in Surgery recognised by the College:—

Parsons, Francis J. Crane, Heathcote-st., Mecklenburgh-sq.
Vasey, Charles Lyon, Cavendish-place.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Oct. 20th:—

Barker, Richard Henry, Hungerford.
Collins, Philip Tenison, Wednesbury.
Crombie, Alexander, Horley, Surrey.
Hayes, Thomas Crawford, Mitre-court, Fleet-street.
Murphy, Shirley Foster, Ampthill-square.
Parsons, Francis John Crane, Heathcote-street.
Vachell, Charles Tanfield, King's College.

As Assistant in Compounding and Dispensing Medicines:—

Bannard, Henry, Caledonian-road.

The following gentlemen also on the same day passed their first professional examination:—

John Ireland Bowes, Edward Arthur Burgess, John Marshall, and Edward Elliott Rastrick, of Guy's Hospital.

QUEEN'S UNIVERSITY IN IRELAND. — At a public meeting of the University held at Dublin Castle on Oct. 12th the following degrees were conferred:—

DOCTOR IN MEDICINE.—William Alexander, William Johnston, S. Burnside Boyd, Richard W. Coppinger, Alfred Davy, Patrick Doyle, Robert Drury, Daniel Fegan, Alfred Greenway, Robert A. K. Holmes, William E. Johnson, David Johnston, E. Hearne Joynt, James Kerr, C. W. Moore Keys, J. Moore Killen, Christopher Lloyd, John A. M'Cracken, Eugene F. O'Leary, Walter W. J. O'Reilly, Frederick Morris Pierce, Matthew Reid, Robt. Saunderson, W. Radcliffe Tolerton, Hugh Rankin Torrens, Thomas Wallace.

MASTER IN SURGERY.—William Alexander, Richd. W. Coppinger, William Coulter, Patrick Doyle, Thomas Henry Gillman, William Johnston, E. Hearne Joynt, James Kerr, C. W. Moore Keys, Christopher Lloyd, John Marshall, Thomas A. O'Donnell, Charles Atkinson Rathborne, William Starkey, William Radcliffe Tolerton.

ROYAL COLLEGE OF SURGEONS OF IRELAND. — At meetings of the Court of Examiners held on Oct. 11th and 12th, the following gentlemen passed their primary examinations in Anatomy, Physiology, and Materia Medica:—

Joseph Ahearn, Edward Morris Day, William Donovan, Jeremiah J. Donworth, Robert Drury, Michael Fitzgerald, Thos. Sargent Floyd, Edward Mulvany, Joseph William Neligan, Domenick Rice, John Ryan, William H. Westrope.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. — Mr. Gay has given notice of the following motions, which will be considered at the Council meeting of Nov. 3rd:—1. That, in the opinion of this Council, the Royal College of Surgeons of England is entitled to a greater number of representatives in the General Council of Medical Education and Registration of the United Kingdom than that which is assigned to it by the Medical Act of 1858. 2. That, in any increase of the number, provision should be made that one, at least, of the representatives of the College should be elected by the Fellows and Members. 3. That a copy of the foregoing resolutions be forwarded to the Lord President of the Privy Council.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—At a meeting of the Royal College of Surgeons, on the 19th inst., the following office-bearers were elected for the ensuing year:—President, James D. Gillespie, M.D.; Secretary, James Simson, M.D.; Treasurer, John Gairdner, M.D.; Librarian, Archibald Inglis, M.D. President's Council: Dr. James S. Combe, Dr. Andrew Wood, Dr. James Dunsmure, Mr. James Spence, Dr. H. D. Littlejohn, Mr. William Walker, and Dr. John Gairdner (*ex officio*). At the same meeting Dr. Andrew Wood was unanimously elected representative of the College in the General Council of Medical Education and Registration of the United Kingdom for the period of three years from the 8th instant.

COLLEGE OF PHYSICIANS, IRELAND.—At a meeting of this College, held on the 18th of October, the following officers were elected for the ensuing year:—President: Dr. Banks. Censors: Dr. Gordon, V.P., Dr. Ringland, Dr. Hayden, and Dr. W. Smith. Examiners in Midwifery: Dr. Atthill and Dr. George Johnston. Treasurer: Dr. Dwyer. Professor of Medical Jurisprudence, Dr. Robert Travers. Registrar: Dr. James Little.

THE LIBRARY OF THE CITY OF LONDON. — Dr. Sedgwick Saunders, the Chairman of the Committee appointed by the Corporation of the City of London to carry into effect their resolution to erect a new Library and Museum for the City, on Thursday last laid the foundation-stone of the new buildings, which are in close proximity to Guildhall. Dr. Saunders, who was supported by the Dean of St. Paul's, Professor Owen, Alderman Salomons, Mr. Hilton, F.R.S., &c., addressing the ladies and gentlemen assembled to witness the ceremony, took a brief historical review of the position of the Library, which he claimed to be older than that of the British Museum. Professor Owen also addressed the meeting, and took occasion to refer in the warmest terms to the efforts made by Dr. Saunders to bring about the erection of a suitable building for the City Library. It is a gratification to us, and we should think to many of Dr. Saunders's professional brethren, that one of ourselves should have taken so decided a lead in an important educational question, and should have occupied the dignified position which he did on the recent public occasion.

THE BRIGADE OF GUARDS. — According to the *Army and Navy Gazette*, Staff Assistant-surgeon W. Collins, M.D., has been selected to fill the vacancy amongst the medical officers of the Brigade of Guards caused by the death of Assistant-surgeon H. Turner, Scots Fusiliers. Dr. Collins, it will be remembered, took first place at the competitive examination of the Army Medical Department in October, 1866. He has since served in Canada, and was recently attached to the 1st Life Guards.

PRESENTATIONS. — A very handsome testimonial was, a few days since, presented to Dr. Bolton, late house-surgeon of the infirmary at Newcastle-on-Tyne, and now in private practice. The testimonial consisted of a framed illuminated address, a silver salver, and a purse containing one hundred and twenty sovereigns. Dr. Bolton well merited the expression of regard at the hands of his fellow townsmen. It is only reasonable that he should now transfer to the sphere of private practice his large experience acquired in the infirmary. We have little doubt that in this sphere he will maintain the high reputation of Newcastle surgery.——The attendants at the Morpeth County Lunatic Asylum, on learning that Mr. R. Greene, the assistant-surgeon, was about to take an appointment at the Sussex County Asylum, spontaneously resolved to mark their esteem for him by presenting him, on his departure, with a testimonial in the shape of a silver cup, suitably inscribed. The presentation took place in one of the dining-halls of the asylum, and was made by the head attendant. ——On the 10th inst., a deputation, consisting of the principal gentlemen of Trim, waited on Dr. Wallace, of that town, to present him with an address and testimonial upon his retiring from the office of "medical doctor" to the Trim Dispensary. The testimonial consisted of a superb silver tea and coffee service, from the eminent firm of Waterhouse and Co.

NATIONAL HOSPITAL FOR CONSUMPTION, VENTNOR, ISLE OF WIGHT.—The munificent sum of £1000 has been paid to the London and Westminster Bank as an anonymous donation from "T. N. R." to the above hospital.

MR. MORLEY, M.P., has offered, through the Royal Agricultural Society of Ireland, the sum of £100, to be awarded in prizes for the best essay on or method for the utilisation of the waste fuel of the bogs of Ireland.

HEALTH OF DUBLIN. — From the Report of the Registrar-General for Ireland for the quarter ending Oct. 1st, we find that the births registered in Dublin during that period amounted to 2034, being equal to an annual ratio of 1 in 39, or 26 in every 1000, of the population; and the number of deaths to 1654, affording an annual ratio of 1 in 48, or 21 in every 1000. The principal causes of death were as follows:—Phthisis 205, diarrhœa 168, convulsions 138, bronchitis 109, scarlatina 92, heart disease 82, fever 77, hydrocephalus 38, cancer 35, liver disease 32, whooping-cough 26, croup 23, measles 13, diphtheria 3; and 43 deaths resulted from violence, of which 34 were accidental, 2 homicidal, 5 suicidal, and 1 executional.

Medical Appointments.

ABBOTT, G., L.R.C.P.L., has been appointed a Medical Officer to the Leicester Provident Dispensary, vice H. Nuttall, M.D., resigned.

ASHE, I., M.B., C.M., has been appointed Consulting and Visiting Physician to the Donegal Lunatic Asylum, Letterkenny, vice C. E. Carre, M.B., resigned.

BOLT, E. A., M.R.C.S.E., has been appointed Medical Officer for the newly formed District No. 3 of St. Saviour's Union, Southwark.

BROWNE, T. Ll., L.R.C.P.Ed., has been appointed House-Surgeon to the West London Hospital, vice Mr. A. F. Greenhill, resigned.

CARTWRIGHT, J. H., M.R.C.S.E., has been appointed Resident Surgeon and Apothecary to the Western General Dispensary, Marylebone-road, vice R. B. Anderson, M.R.C.S.E., resigned.

CREAN, R., L.K.Q.C.P.I., has been appointed House-Surgeon to the Clayton Hospital and Wakefield General Dispensary, vice Robt. Lawson Tait, L.R.C.P.Ed., resigned.

CROSSWELL, Mr. C. L., has been appointed Medical Officer and Public Vaccinator for part of the Mydrim District of the Carmarthen Union, vice Lewis, deceased.

DAVIDSON, A., M.A., M.B., has been appointed Lecturer on Pathology to the Liverpool Royal Infirmary School of Medicine.

DAVIES, J., M.D., has been appointed Medical Officer for the Northern District of the Bridgend and Cowbridge Union, and for the Llan-Higher District of the Neath Union.

DAVIES, Mr. W., has been appointed Medical Officer and Public Vaccinator for part of the Mydrim District of the Carmarthen Union, vice Lewis, deceased.

EVANS, T., M.R.C.S.E., has been appointed Medical Officer for District No. 6 of St. Saviour's Union, Southwark, vice A. Ebsworth, F.R.C.S.E.

GREGORY, Mr. J. T., has been appointed Resident Assistant and Dispenser at the Western General Dispensary, Marylebone-road, vice Wilson, resigned.

HIND, A., L.R.C.S.Ed., has been appointed Medical Officer for the Whitford No. 2 District of the Holywell Union, Flintshire, vice T. E. Jones, L.R.C.P.L., resigned.

ILIFFE, F., M.R.C.S.E., has been appointed Medical Officer to the Post-office at Derby.

JESSOP, H. E., L.R.C.P.Ed., has been appointed Medical Officer for District No. 4 of the Cheltenham Union, vice W. Gregory, L.S.A.L., resigned.

LANGLEY, A., L.R.C.P.Ed., has been appointed Medical Officer for District No. 2 of the Westbury and Whorwellsdown Union, Wilts.

LEE, E. S., M.R.C.S.E., has been appointed Assistant House-Surgeon to the West London Hospital, vice Mr. T. Ll. Browne, promoted.

LIGHTBODY, J., M.D., has been appointed Medical Officer for the Fylingdales District of the Whitby Union.

MACKENZIE, S., M.R.C.S., has been appointed Resident Medical Officer to the London Hospital, vice R. T. Grubb, M.R.C.S., retired.

MORGAN, F. J., M.R.C.S.E., has been re-elected Medical Officer for the Barnack and Ryhill Districts of the Stamford Union.

PEACOCK, Mr. E., has been appointed Medical Officer for the Chilvers Coton District of the Nuneaton Union, Warwickshire.

RICHMOND, S., M.D., M.R.C.S.E., has been appointed Surgeon to the Northallerton Gaol, vice C. Roberts, L.R.C.P.Ed., M.R.C.S.E., resigned.

RIGDEN, W., M.R.C.S.E., has been appointed House-Physician to the Hospital for Women, Soho-square, vice T. A. Buck, M.B., M.R.C.S.E., appointed Senior Medical Assistant to the Gloucestershire Lunatic Asylum, near Gloucester.

SAUNDERS, T. D., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for District No. 4 of the West Ashford Union, Kent, vice J. Chapman, M.R.C.S.E., resigned.

STEWART, C., M.B., C.M., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Parish of Applecross, Ross-shire, vice H. Haynes, M.D., resigned.

SWALES, P., M.R.C.S.E., L.S.A.L., has been appointed Surgeon and Agent for the care of Sick and Wounded Seamen and Marines at Sheerness, Garrison Point, Queenborough, Stangate Creek, and Cockleshell Hards, in the Isle of Grain; and also Medical Officer and Public Vaccinator to the Minster or Lower District of the Sheppy Union, vice J. S. Keddell, F.R.C.S., resigned.

THOMAS, Mr. J. L., has been appointed Medical Officer and Public Vaccinator for part of the Mydrim District of the Carmarthen Union, vice Lewis, deceased.

WAINWRIGHT, C. H., M.R.C.S.E., has been appointed Medical Officer to the West Riding Constabulary, Barnsley, vice T. Wainwright, M.R.C.S.E., deceased.

WILKIN, T., L.K.Q.C.P.I., has been appointed Medical Officer to the Lisbellaw Dispensary District of the Enniskillen Union, vice H. Betty, L.R.C.P.Ed., deceased.

Births, Marriages, and Deaths.

BIRTHS.

BOYLE.—On the 21st inst., at Hutton Rudby, Cleveland, Yorkshire, the wife of Andrew A. Boyle, L.R.C.P.E., L.R.C.S.Ed., of a daughter.

BULLMORE.—On the 15th inst., at Falmouth, the wife of W. K. Bullmore, M.D., of a son.

WOTTON.—On the 20th inst., at Bedford-gardens, Kensington, the wife of H. Wotton, F.R.C.S.E., of a daughter.

WYNNE.—On the 17th inst., at Eccleshall, Staffordshire, the wife of J. Kendrick Wynne, M.R.C.S., L.S.A., of a son.

MARRIAGES.

DICKSON—RONALD.—On the 25th inst., at Douglasfield, Wm. James Dickson, M.D., of Canonbury, Falkland, to Matilda Monteith, second daughter of Beveridge Ronald, Esq., of Douglasfield, Kirkcaldy.

JEFFREYS—PARKER.—On the 19th inst., at North Wingfield Church, Richard Parker Jeffreys, Surgeon, of Chesterfield, to Elizabeth, fourth daughter of Joseph Parker, Esq., of Pilsley, Clay-cross.—No Cards.

DEATHS.

DAGLISH.—On the 20th inst., G. Daglish, F.R.C.S.E., of Wigan, aged 77.

EASBY.—On the 19th inst., at Darlington, Eliza, wife of William Easby, L.R.C.P.Ed., and youngest daughter of E. T. Flintoff, Esq., late of Bishop Auckland, aged 26.

HAWDON.—On the 25th inst., at Alexandra-road, St. John's-wood, John Crozier Hawdon, Esq., son of the late Wm. Hawdon, M.D., of Morpeth, Northumberland, aged 63.

MCANDREW.—On the 22nd inst., at Limehouse, from acute phthisis, Robert J. McAndrew, L.R.C.P.Ed., M.R.C.S.E., aged 47. R.I.P.

MUIR.—On the 22nd inst., Peter D. Muir, M.D., of Wombwell, Yorkshire.

WEST.—On the 20th inst., at Westmoreland-place, Southampton-street, Camberwell, Mr. Edgar West, Anatomical Artist, in his 90th year.

Medical Diary of the Week.

Monday, Oct. 31.

ST. MARK'S HOSPITAL.—Operations, 2 P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON. — 8 P.M. Adjourned Discussion on Dr Richardson's paper, "The Medical Aspects of the Germ Theory."

Tuesday, Nov. 1.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. The following Specimens will be exhibited:—Mr. W. Adams: Exostosis from Angle of Scapula. Mr Nunn: Atrophy of Uterine Walls, with Intra-Uterine Fibroid Growth Mr. Mason: Congenital Papillary Tumour. Mr. H. Arnott: Blood Tumour of Scrotum, Cancer of, and Imperfectly Descended Testis. Dr Dickinson (for Mr. Duncan): Parts of a Watch removed from a Woun inflicted at the Battle of Sedan. Dr. Whipham: Rupture of the Transverse Ligament of the Atlas.
ANTHROPOLOGICAL SOCIETY OF LONDON.—8 P.M.

Wednesday, Nov. 2.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
OBSTETRICAL SOCIETY OF LONDON. — 8 P.M. Dr. W. Martyn, "On the Management of Childbed with a view to Promote successful Suckling." —Mr. Coward (Christchurch, New Zealand): "A Case of Inversion of the Uterus." — Dr. Tracy: "A Short History and Description of the Lying-in Hospital at Melbourne, Australia."—And other papers by Mr. Mitchell and Dr. Mendenhall.

Thursday, Nov. 3.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
HARVEIAN SOCIETY OF LONDON.—8 P.M.

Friday, Nov. 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Nov. 5.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

THE NATIONAL FUND FOR AID TO THE WOUNDED.

THE more we see and hear of this war, the more reason have we for believing that the labours of our National Society for Aid to the Wounded have not been the universal blessing that many people anticipated. Substantially, *The Times* correspondent has endorsed the views we expressed last week. He says that the Prussians show themselves very jealous because Colonel Lindsay went into Paris to give £30,000 for charitable purposes, after he had given the same amount to the Germans in Versailles. They wanted the whole £40,000 to be handed over to them, to be laid out as they pleased, and did not appear to understand that the Fund had been raised for the benefit of the sick and wounded of the German and French armies equally. A young English surgeon, who had been working at the hospitals outside Metz, and who was recommended by a Prince to Dr. Chalons, chief of the hospitals at Versailles, was treated to an angry invective against England for giving aid to the French hospitals, and was forced to give up his benevolent intentions. "On the whole," says *The Times* correspondent, "I have arrived at the conclusion—and express it with regret—that the idea of a national subscription for aid to sick and wounded on both sides is not politic, and may be mischievous. It tends to make war less onerous on those who carry it on. If there be any gratitude excited, it is among the vanquished. The offer of money is regarded as if it were England's panacea for all shortcomings, and as a very poor plea in mitigation of punishment for her neutrality. It is very sad that it should be; but the fact to my mind is patent that the dangers of a misunderstanding caused by the mode of applying such a fund are far greater than the benefits conferred by the application. There is a deep-rooted dislike to amateurs, and the odium which certain lawless proceedings of *soi-disant* Red Cross Knights and the abuses of the badge have excited is visited on the excellent men who have worked so hard and done such good service to humanity."

Dr. W. F. M'Millan.—There is no remedy for the state of matters complained of, unless the title "Dr." be used illegally. In this case the Medical Act of 1858 is violated, and the impudent offender might be prosecuted.

Mr. B. G. Lacy.—The obituary referred to has not been received.

TREATMENT OF GONORRHŒA.

To the Editor of THE LANCET.

SIR,—If Mr. James Ferrier Clarke will do me the favour to refer to THE LANCET of the 10th March, 1867, he will there find a remark by Mr. Bryant, of Guy's, who on that occasion recommended similar treatment to that which Mr. Clarke has during the past three years found so successful in gonorrhœal cases. I merely allude to this circumstance to show Mr. Clarke that I am not unmindful of the reputed value of the agents which he has so successfully employed in the treatment of gonorrhœa; but I contend that such a line of treatment could not under any circumstances be called depletive, particularly as Mr. Clarke does not after the first week object to his patients taking a moderate amount of stimulants. May I be permitted to remind that gentleman that he has omitted to mention the average duration of his cases—a not altogether unimportant omission; for I contend that, with the employment of the very simplest agents (rest as far as practicable being enjoined), gonorrhœa exhausts itself within two months, and my experience has taught me that it is never followed by gleet (which in itself is nothing more nor less than a badly treated clap) when the depletive line of treatment has been conspicuous by its absence.

With reference to the second paragraph of Mr. Clarke's letter, I can only offer it as my opinion (which is based on the experience I have already given publicity to) that the reason why married men, *as a rule*, enjoy comparative immunity from gonorrhœa is that their sense of delicacy (in the vast majority of instances) precludes the probability of their asserting their conjugal rights on those occasions, which are, in my opinion, a fruitful source of that disease which is generally accepted as gonorrhœa. And I further may be permitted to add that on those very rare occasions when the woman, either from ignorance or inability, has not been able to repel her husband's advances, the latter has not unfrequently paid the penalty of his rashness by obtaining a practical knowledge of the value of the various lines of recognised treatment adopted for the cure of gonorrhœa in the present day.

Periculosum est credere et non credere: ergo exploranda est veritas multum, priùs quam stulta pravè judicet sententia.

Yours faithfully,

J. CARTER MURPHY, L.R.C.P. Lond.,
Chatham, Oct. 22nd, 1870. Assistant-Surgeon, Royal Engineers.

THE UNIVERSITY OF GLASGOW.

It would be unjust to regard the bill sent us as affording any proof of the tone of professional feeling obtaining among the graduates of this University. The individual graduate whose name is so indecently paraded before the vulgar is alone responsible for it.

A Club Surgeon.—Certainly not. A Club surgeon is not bound to dispense drugs for a Club patient, excepting such as are of his own prescribing. If a patient is dissatisfied with the medical officer of his Club, it is quite reasonable that he should go elsewhere for advice; but that is no reason why he should treat the Club surgeon as if he were a mere druggist.

A. Z., (Hackney.)—Take the opinion of a respectable practitioner on the subject.

Mr. James Sawyer, (Birmingham.)—The book has not been received.

ASYLUMS FOR INEBRIATES.

No one who examines our police and circuit reports with any attention can hesitate to coincide with the opinion constantly expressed by judges, magistrates, and members of our own profession, that the vast majority of offences tried in our criminal courts are due to intoxication. It has been estimated that there are about 700,000 habitual drunkards in the United Kingdom alone; these cost the State annually several hundred thousand pounds, besides the sorrow and expense they entail on their friends and relatives, and the injury to themselves both bodily and mentally by their self-indulgence in this degrading vice. To mitigate these evils, Reformatories have been instituted in America and other parts of the world, and by their means thousands have been reclaimed from their evil courses to a life of usefulness. A Bill bearing on this subject was brought before our own Legislature by Mr. Dalrymple in July last for the establishment of licensed institutions for the admission, on medical certificates and other documentary evidence, of habitual drunkards; but unfortunately Mr. Dalrymple's attempt did not meet with the success that it deserved. It is probable, however, that the matter will again be brought forward at no distant period, when a more favourable result may be expected. In the arrangements of these proposed Asylums for Inebriates, it has been suggested to have three sorts of patients admissible. First, those who wish to enter these institutions of their own accord, but have not the money to pay for their support during residence; secondly, those who have the will to be admitted, and are sufficiently well off to bear the cost they incur; and lastly, those habitual drunkards who, whether possessing property or not, refuse to enter any Reformatory, and can only be acted on by coercive measures. The establishment of Reformatories for the reclamation of drunkards would undoubtedly tend to advance sobriety and morality, and to lessen disease and taxation.

H. B. H. is desirous of knowing to whom he can address a communication relative to a prize which was offered to anyone who devised a means of ascertaining when a person was really dead, in order to prevent the possibility of premature interment.

Dr. Drysdale's letter shall appear in our next impression.

PROFESSIONAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—I should feel much obliged if you would kindly allow the following to appear in your next issue, and to express your opinion as to the professional etiquette of the case.

A few weeks ago one of the men employed at the Llynvi works fractured his leg, which in my absence was set by my assistant, who is fully qualified. On my return I went to see the man, and found the bones in good apposition, and everything going on favourably. A few days after this, Mr. Thomas, a surgeon, residing in this place, removed my splints, and substituted his own, telling the patient that the leg was not properly set, and that the "bones were crossing each other."

I am, Sir, your obedient servant,

J. DAVIES, M.D.,
Surgeon to the Llynvi Iron Works, &c.

Maesteg, Glamorganshire, Oct. 24th, 1870.

AUSTRALIA OR NEW ZEALAND FOR PHTHISICAL PATIENTS.

Dr. Tassell writes to us from Auckland, New Zealand, in reference to an article which appeared in the *Melbourne Age* on "Consumption and the Australian Climate," in which it was stated that the number of the deaths in the Melbourne Hospital from that disease could be accounted for by physicians in this country sending out their patients in the "last stages" of the malady. Our correspondent says:—

"Having resided five years in Australia myself, I can safely assert that the climate is anything but 'stimulating,' nor is it the 'healthiest in the world;' on the contrary, people walk about with 'puggeries' and umbrellas over their heads for nine months in the year to keep off the burning rays of the sun. The thermometer the greater part of the day registers 90° in the shade, to say nothing of the dust-storms and 'hot winds' which frequently prevail. In reference to the latter, the following passage occurs in the 'Philosophical Transactions of Victoria':—'Hot winds frequently sweep the country, and the temperature of the air on such occasions, reaching in the shade the high value of 111°, and even more, causes considerable damage to fruits and cereals.' To invalids generally, coming off a long voyage, and traversing cold latitudes, the climate of Australia produces constant perspirations and great languor. The *Age* affirms, therefore, that injustice is done to the patient and the climate by medical men in England, who keep phthisical cases at home until they become *hopeless*, and then have recourse to the *practice* of sending them a tedious voyage across the world, with the impression that a change may effect a cure. But how is it they are not carried off by the vicissitudes of the 'tedious voyage' if their case is so bad? The voyage, as everyone knows, conduces much to their general health, only to be sapped away by the depressing influence of an Australian climate. It is a curious fact that all the cases that have been sent out to New Zealand have invariably done well, and death from consumption is practically unknown amongst us. I have at the present time under my care cases sent out that are doing well, and are now engaged in various avocations; while others have since married, have families, and are permanently settled. New Zealand is said to be wet and damp. This may be so in the southern island, especially on the west coast; but this province during the rainy season is visited by semi-tropical showers, which soon pass away, and leave a clear blue sky, and a dry invigorating air. During the last two months, the height of the rainy season, the barometer has, with one or two exceptions, invariably stood at 30$\frac{5}{10}$ inches, even during the heavy showers, while the temperature has ranged about 56°."

M. G., (Swansea.)—The persons named are unknown to us beyond what we learn from themselves in their advertisements. Let our correspondent consult a registered practitioner in his own neighbourhood.

GUERILLA WARFARE.

DR. BAXTER LANGLEY has issued an address to the electors of Colchester. He is reported to have come forward in the interests of the Contagious Diseases Act Repeal Association; his object being, we presume, not so much to secure his return to Parliament as to harass Sir Henry Storks, who is known to be a supporter of the Contagious Diseases Acts. Sir Henry Storks, when Governor of Malta, had an opportunity of observing for himself the benefits that resulted in that island from legislation in this matter, and he has placed the facts on record. It is not, of course, always easy to controvert facts that may be unpalatable to the opponents of all legislation for these diseases. Much the simplest way is to adopt a species of tactics resembling guerilla warfare, and harass your enemy by every kind of political opposition; hence the presence apparently of Dr. Baxter Langley in the field.

A Country Subscriber.—We believe the Office named to be a very respectable one.

THE SICK-CLUB QUESTION.

To the Editor of THE LANCET.

SIR,—I beg to thank you both for myself and on behalf of the profession generally for your leading article on the Club System of Saturday, Oct. 8th, and shall be obliged if you will allow me to explain an error into which I fear I may have unintentionally led you by not being sufficiently explicit in my desire to make my remarks as brief as possible. I mean the confounding the old Friendly Societies with the Odd Fellows Lodges, and which, in the interest of the latter body, ought not to pass unnoticed.

The nine-and-sixpenny free-member system referred to some of the old Friendly Societies. The Odd Fellows only admit members at the ordinary rates, their payments being based upon properly calculated tables, according to the age of the candidate, unless they are simply honorary members, when the payment varies in different Lodges from 10*s.* 6*d.* upwards. Your remarks were intended, of course, to apply to all Sick Clubs, whether Odd Fellows Lodges or not, although they appear to refer to the Odd Fellows Lodges only.

In bringing the matter before the medical public, I hoped that other medical men would be induced to state their views on the subject; but although none have done so in your columns, many gentlemen, when applying to me for the Rules of the Rugeley Dispensary, have expressed their opinions at length, and have offered some valuable suggestions, which may serve to guide us for the future in deciding who should, and who should not, be admitted as benefit members of Sick Clubs. Perhaps you will kindly allow me to state their opinions as briefly as I can.

1st. "Persons paying income-tax," I think all will agree, are not fit objects of relief at the hands of medical men on Club terms.

2ndly. "Employers of labour as masters" may, as a rule, be excluded; but to this there would be some exceptions, as, for instance, the case of a master shoemaker who works at his trade himself, and employs two or three men under him. I think no medical man would object to attend such a person.

3rdly. The medical men in North Staffordshire adopted a rule to this effect: "That no members of Clubs who are occupiers of houses rated at £10 per annum, or who are employers of labour as masters, be considered objects of medical relief at the hands of medical officers of Clubs." But I believe it has not been acted upon.

4thly. The medical men of the county of Salop adopted the following: "That surgeons to Clubs do decline to admit, *as members entitled to medical attendance*, anyone whose wages, salary, or income, exceed thirty-five shillings a week." This seems to me to be a very fair standard.

5thly. The rule of the Rugeley Dispensary is as follows: "The benefit members must be working persons or their families—that is, small shopkeepers and masters working at mechanical trades, and all apprentices; journeymen (in-door) whose yearly salaries do not exceed twenty-five pounds; mechanics whose weekly wages do not exceed two pounds; servants (out-door) whose weekly wages do not exceed two pounds; servants (in-door) whose yearly wages do not exceed twelve pounds." I am aware that this rule is by many thought to be too liberal, and that the amount two pounds should be slightly reduced, as at present it admits persons who can afford to pay at a higher rate than one penny a week, or who are usually paid for by their employers, such as head gardeners, head gamekeepers, &c., in noblemen's and gentlemen's families.

There is another question which has not been mentioned in your columns, but about which I have often been asked—viz., the continuance of persons in a Sick Club who may have entered when in humble circumstances, but who by their own industry have raised themselves to positions of comparative affluence. It is not of this class that we, or I believe other medical men, complain so much; but I think there should be some limit even to this. I will suppose a case to arise where a man commences life in a very small way—say as a shoemaker, or as a worker in iron furnaces, or pot works,—and who by his industry, prudence, and forethought raises himself not only to be a master man, having two or three men under him, but to the position of a wealthy manufacturer, whose workpeople may be counted by fifties or hundreds—not an uncommon occurrence in a manufacturing district,—and I am myself acquainted with many such instances; or an agricultural labourer may become a large farmer. It cannot be right that a medical man should be expected to continue to attend as a Club patient such a person, and a man with any honourable feeling would not accept attendance on such terms; but this is what the Clubs are trying to compel us to do.

The applications for Rules of the Rugeley Dispensary have been so numerous that I have been unable to supply all; but those gentlemen who have only received the abridged Rules that we use for our private Medical Club shall have the others when they can be procured, or when the next Report is published.

I am, Sir, your obedient servant,
Great Haywood, Stafford, Oct. 14th, 1870. E. T. TYLECOTE, M.D.

To the Editor of THE LANCET.

SIR,—I have read with a good deal of interest the correspondence and your remarks upon the Sick-Club question, and beg you to allow me a few words upon the subject.

Both Dr. Tylecote and yourself have, I believe, unintentionally mixed two distinct classes of Friendly Societies together, and blame the Odd Fellows for the acts of other Societies. I am not going to trespass upon your space by entering into the pros and cons of the question as discussed in your columns. I have my own opinions upon the matter; but cannot think the question ripe enough at present for discussion in a public journal. As you have justly remarked, it is a very difficult matter to educate members of Societies, who are composed of men of all grades, in that way. It is a very difficult and at the same time a very serious subject, and one which cannot be settled in a hurry. In the dispute between Dr. Tylecote and the Weston Lodge, doubtless both have wrongs to complain of. But that is not my object in writing. It is to throw out a suggestion, by which, I think, this unpleasant difficulty may be settled. The Stafford District of Odd Fellows (M.U.), of which the Weston Lodge forms part, is composed of fourteen Lodges, numbering in the whole upwards of 1600 members; three Lodges are held in Stafford, and the remainder in the villages surrounding. It is a very wealthy district, possessing over £20,000 of invested capital, and is considered to be well managed. It has been the aim of some of the principal members of the district for years to try to improve the physical and moral condition of its members; and although it has been a very hard battle, they have succeeded in introducing into the laws of the district an examination-paper, which has and will, we think, continue to prevent members creeping in who would be a great burden both to the surgeon and Lodge. I could quote several cases to my own knowledge of men who have been rejected through these papers, and have since died from phthisis. I would here remark that several of those members who have been most anxious, and in a great measure instrumental, in introducing these safeguards, and who have devoted a great deal of time to the improvement of Friendly Societies, would be excluded from membership if the supposed wish of Dr. Tylecote were to be carried out. But I cannot for one moment think that he is serious in wishing that members who have raised themselves into good positions by their own industry and frugality should be excluded from the Society which they have, to a great extent, been the means of building up. Dr. Tylecote, knowing this, and having acted in, as he says, strict unison with his professional brethren in the neighbourhood, it would have been far better if he had called together some of the principal members of the district to meet the surgeons in friendly conference, and I doubt not but that an amicable arrangement would have been come to. This step might perhaps not be too late now.

Yours, &c.,
Forebridge, Stafford, Oct. 18th, 1870. T. MASTERS.

P.S.—I may state that the district is now about revising their laws.

To the Editor of THE LANCET.

SIR,—I take this opportunity to add my "drop" to the ocean of evidence you have received from the Drs. Tylecote on the abuse of the Sick-Club system. I hesitated to write on the subject, because I thought, being a near neighbour of Dr. Tylecote's, confirmatory evidence would have more weight if it came from a distance. Your article in THE LANCET of the 8th instant has given me courage to speak out.

I have just given up two Clubs, because I discovered that several members were farmers, innkeepers, &c., or their wives. In one case I feel sure the farmer does not pay less than £200 per annum rent, probably more. Some actually entered the Clubs unknown to me, and after attending them for some time I was told they were in my Club. I did the most I dared to do, and resigned. I am only sorry I had not the courage to act as Dr. Tylecote has done; but practice in this town is not a "monopoly." Still I am ready to endorse everything put forward by that gentleman with regard to the abuses of the Sick-Club system.

In conclusion, Sir, I think the sincere thanks of the whole profession should be given to one who has so fearlessly resisted one of the greatest "bugbears" of country practice.

Yours obediently,
October, 1870. E. T. TIBBITS, M.D. Lond.

To the Editor of THE LANCET.

SIR,—Will you allow me, as a non-medical man, and one keenly interested in the question of medical attendance for the poor, to say a word on your article in THE LANCET of October 8th on the doctors' remuneration in Sick Clubs.

In visiting the poor of my parish, I am often vexed and distressed to find sick persons neglected for days together at the very crisis of disease. I blame not the doctor, but the Poor-law system, which compels the doctor to seek his remuneration from private patients, and makes it impossible for him to promise a daily visit to pauper patients living three miles from his own house. I have ceased to look for any remedy in the Poor Law, and have sought it, as far as my own parish is concerned, in a Sick Club. In a small country parish I have between sixty and seventy members in such a Club. The doctor's remuneration is 4*s.* a year from each member. I have not time now to make the necessary calculation; but my impression is that this remuneration pays the doctor between 5*s.* and 6*s.* a visit. It is paid, too, without any trouble to him, or any risk of loss in collection. It is not an uncommon thing for members to be ten years in the Club without receiving a medical visit. Our benefit Club, like most others, does not retain members after they have reached sixty-five years of age, and does not continue to find relief for a patient after his sickness has continued twelve months.

I have been told that a medical man of good standing in a large village in my neighbourhood has a Medical Club, managed entirely by himself, and that he finds 2*s.* 6*d.* a year from members (men, women, and children) a remunerative charge. Of course no members are accepted by such Clubs unless first certified to be "healthy lives," and in good health at the time of admission. It would be a matter of great interest to me and to many others if some of your readers would furnish hard reliable statistics on this subject. If 4*s.* a year should prove to be a "paying price," I do not see why farmers and tradespeople should be excluded from the Club; although, doubtless, it must be understood that such members are only entitled to necessary attendance, and that visits for the mere satisfaction of themselves and friends must be separately remunerated.

Your obedient servant,
October, 1870. A COUNTRY VICAR.

Mr. John Gregory.—The qualification mentioned by our correspondent was not valid as an English qualification before the Act of 1858. This Act, therefore, cannot be said to have "overridden" the old law, except in the sense of enlarging and liberalising it. According to the old law, qualifications in medicine and surgery were localised. Reasonable charges for medical advice and the cost of medicines can both be recovered under the Act of 1858 in any part of the United Kingdom in virtue of any medical diploma granted by any licensing body mentioned in Schedule A.

THE case of Reid *v.* Dickinson shall be noticed next week.

"HOSPITAL SUNDAY" IN LIVERPOOL.

WE gather from the local journals that all hope of a genuine "Hospital Sunday" for Liverpool has for the present vanished. It seems that almost immediately after the tragical suspension of the public meeting which the Mayor had called to deliberate upon the question of making an extended effort this year, a small knot of the Established clergy met and decided for themselves that the collection should be made on the 20th November on the same principle as heretofore. This decision has led to a published correspondence between the Mayor and the Rev. Mr. Banner, in which the former expresses his conviction that the course adopted by the latter and his friends has done the cause irreparable injury, Mr. Banner responding with a *tu quoque*. Without attempting to wade through the whole of the numerous references to this dispute which are contained in the copies of the local journals we have received, one thing is clear to us—namely, that it is the clergy of the Establishment who stand in the way of a "Hospital Sunday" pure and simple for Liverpool. The 151 Nonconformist ministers, Mr. Banner himself admits, would prefer collections made solely for the medical charities; the 95 clergymen of the Church of England, or an influential section of them, will only agree to a "Charity Sunday" in which non-medical institutions are allowed to participate. So the matter rests. How long the enlightened public opinion of Liverpool will submit to the dictation of the clerical party remains to be seen.

LATE FIRST PREGNANCY.

Dr. Mackintosh, of Callington, Cornwall, informs us that he has recently delivered a patient, forty-seven years old, of her first child. She had been married six years.

An Inquirer and *Constant Reader*.—Next week.

THE EFFECT OF MEDICINES ON TEMPERATURE.

To the Editor of THE LANCET.

SIR,—In your kind notice of the above subject in last week's journal, it would appear as if I had given special attention to the subcutaneous injection of atropine; whereas I have done so with atropine, morphine, and strychnine subcutaneously, and also the following medicines given by the stomach:—Opium, belladonna, digitalis, chloral hydrate, nitric and muriatic acids, nitrate and carbonate of potassa, ammonia, sulphate of magnesia, iron, and aloes, all of which substances, I unhesitatingly assert, raise the temperature both in health and disease, and I shall be happy to repeat my experiments with any of your medical friends.

I am, Sir, your obedient servant,
F. J. MAYOR, M.R.C.V.S.

Park-street, Grosvenor-square, Oct. 24th, 1870.

INVISIBLE INK.

PERSONS using the new post-card may not be desirous of having all they inscribe upon it read by postmen, servants, and others. In order to overcome this, an invisible ink may be used; and we have received a specimen from Mr. Hogg, of Albion-place, Hyde-park-square, which answers the purpose very well. The card only requires to be warmed before the fire to bring out the written characters; but this presupposes, of course, that the person to whom it is addressed is aware of the fact.

Dr. Borham.—If short.

A Surgeon, (Sunderland.)—The practice of sending pamphlets to chemists and druggists on the treatment of certain forms of cancer is certainly to be deprecated.

Veritas, (Bombay.)—We regret that we cannot insert our correspondent's letter as an anonymous communication. It enters into matters of too serious a character to warrant its publication without the writer's name being attached.

ALUM-CHLOR.

To the Editor of THE LANCET.

SIR,—I think the above name would obviate all confusion or mistake respecting Dr. Gamgee's disinfectant. It is simply reversing the name proposed by Dr. Fergus, and it has the advantage of at once identifying the compound with a substance familiar to everyone, no failure in pronunciation being possible.

Your obedient servant,
October 23rd, 1870. STAFF SURGEON, R.N.

Mr. James Milward.—We are in due possession of our correspondent's views, both "grave and gay." We must record such appointments as there are to record. In the millennial future, when the medical profession is duly appreciated, and an enlightened nation realises its obligations to it, we may have better things to report. Meantime we do not quite share the feeling which our correspondent seems to have in regard to the announcement of the appointments made. In any other than a medical journal the announcement might be considered an advertisement; but in a medical journal it can have little value in this way, and must simply be regarded as medical news.

WE have received the following circular, which was sent to Mr. Blacklock, a chemist, of Old Steyne, Brighton:—

"MIDWIFERY IN ITS EVERY STAGE. — Mr. Saltiel, Consulting Accoucheur, 161, Euston-road, N.W., after forty-three years devoted to the practice of midwifery in its most intricate forms, is enabled to afford immediate relief in all cases of female irregularity, however difficult. Early applications preferred. Twenty per cent. allowed for recommendation."

It appears to us very hard that respectable persons should be insulted by having such circulars thrust upon them.

Dr. Everitt, (New Orleans.)—While expressing thanks, we regret that we must decline our correspondent's proffered services.

UNSTITCHED PUBLICATIONS.

A Regular Subscriber.—We fear that we could not undertake to stitch any part of the edition of THE LANCET, and for this reason: there is no stamped edition now, and it is, of course, impossible to tell beforehand which copies will be posted. We have consulted the postal authorities, and they are very decided in the expression of their opinion that no portion of the edition should be stitched, as otherwise much difficulty might arise.

J. H.—There is every variety of mode of appointment both in the country and in London. Our correspondent must apply to the individual hospitals for information.

A Voice from Liverpool.—1. These have never been defined. Such particulars must be left to common sense.—2. The duties of a pupil are to make himself useful in the matter of his master's practice and interest as far as he can do so.—3. The principal should help the pupil, as far as his time and abilities will permit, both with regard to preliminary and professional studies; but the pupil should never forget that success depends mainly upon himself.—4. It will depend on circumstances and the work to be done. If there is much, and he can be useful, it is reasonable that he should share Sunday work.

Crocus.—We are unable to answer the question.

MEDICAL ETHICS.

To the Editor of THE LANCET.

SIR,—Your lucid remarks herson in your impression of the 1st inst., and your comments upon the letter of Mr. A. P. Carter in that of the 15th inst., whom I have no controversy with, call forth my cordial thanks. If he is satisfied, I have no right to be dissatisfied with his explanation. The letter of Mr. N. S. Grant (also in the same number), illusory, and written under irritation, needs no comment from me further than to state that no opportunity was afforded me of judging whether a "clot of blood" pressing on the spinal cord, or a rupture of the sheath of the cord, ever existed. I have certainly heard it in evidence!

It is not impossible that the case may come before the public in another form; I will therefore hold my pen.

Yours obediently,
Barton-street, October 26th, 1870. THOS. EDIS.

Furcifer's reasoning either lacks clearness, or we lack acumen enough to see the force of it. The question is exhausted, and we must be excused from reverting to it.

WE have been requested to publish the following appeal:—

"An earnest and urgent appeal is made on behalf of the widow and four young children of the late Wm. St. John Coleman, M.D., medical officer, Miltown Malbay Dispensary, whom his premature demise has left totally destitute. Contributions will be gratefully received by Rev. H. Wolfenden; Rev. M. Bugler, P.P.; Capt. J. White; E. Lennon, Esq., Manager National Bank, Miltown Malbay, Treasurer."

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Murchison; Dr. Drysdale; Dr. L. Browne; Mr. E. S. Lee; Mr. Mayor; Dr. Heathfield; Mr. Aveling; Dr. Sankey; Mr. Borham; Dr. Edis; Mr. Swale; Mr. Hyde; Dr. Reid; Mr. Thompson; Mr. Lawrence; Dr. Horne; Mr. Morgan, Carnarvon; Dr. Minchin; Mr. Slater; Mr. Barrett; Mr. Dunstan; Dr. Evans; Mr. P. Brown; Dr. Godfrey; Mr. Buckler; Mrs. Pike; Dr. Foster, Birmingham; Mr. Lowne; Dr. Burder, Bristol; Mr. Miller; Mr. Southam; Dr. Franks, Sheffield; Mr. R. Smith; Mr. James, Epsom; Dr. Sheves, Millbridge; Mr. Sawyer; Mr. Saunders; Mr. Daniell; Dr. Iliffe, Derby; Dr. Gervis; Mr. Morgan; Mr. Forrester; Mr. Lane, Sutton; Mr. Greening; Mr. J. Duncan, Stirling; Mr. Read; Dr. Abbott, Leicester; Mr. Lawson, Uppingham; Mr. Easton, York; Dr. Davies, Macsteg; Dr. Webb, Wirksworth; Mr. Eavestaff; Dr. Puckle; Mr. Lewis; Mr. Wynne, Eccleshall; Mr. Hunt; Mr. Williams, Broadlay; Mr. E. Jones, Hackfall; Mr. Trevers, Shirley; Mr. Hird; Mr. J. Collins; Mr. Robertson, Edinburgh; Dr. Lowe, King's Lynn; Mr. Webber; Dr. Barclay; Dr. J. Morton; Dr. Fairbank, Lynton; Dr. Murphy, Chatham; Dr. Short, Ixworth; Dr. Page, Newcastle; Dr. Gorham; Mr. Miller; Dr. Grig r; Mr. Hull; Dr. Lounds; Mr. Wilby; Mr. Chadwick; Dr. Johnson, Enderby; Mr. Ebsworth; Mr. Collingwood; Dr. Black; Dr. Shaw, Dawsden; Mr. J. Horton; Mr. Owen; Dr. Stewart, Sheffield; Dr. Garrett, Hastings; Mr. Bryan; Dr. Sutton; Mr. W. Rose; Mr. Roberts; Dr. Haslewood, Castleton; Dr. Taylor, Cottishall; Mr. Kay; Dr. Wiley; Mr. Henton; Mr. Goodricke; Dr. Lacy, Poole; Dr. Thacker, Cincinnati; Dr. Park, Sheerness; Mr. Gay; Dr. Williamson; Dr. Ferris, Uxbridge; Dr. Fox, Winchester; Dr. Crerar, Maryport; Mr. Deane, Southampton; Mr. Spencer, Edgbaston; Dr. Lister, Ashton; Mr. Steele; Dr. Hall, Brighton; Dr. Smith, Weymouth; Mr. Gane, Ottawa; Dr. Boyle; Mr. C. Rawson; Dr. Speedy; Mr. M'Andrew; Mr. L. Tait, Birmingham; Mr. Mackenzie; Mr. Popham; Mr. Arnison, Newcastle; Mrs. Sullivan; Dr. Anderson; Mr. Mason; Mr. O'Connor; Mr. Tomlinson; Mr. Browne, Sheffield; Mr. Baines; Mr. Allen; Mr. Dawson; A Voice from Liverpool; Medicus; M. G.; T. K.; A Regular Subscriber to THE LANCET; H. B. H.; R.N.; An Assistant-Surgeon, Army; A Surgeon; Veritas; A. B.; Crocus; The Committee of the War Victims Fund; Staff Surgeon, R.N.; F. M. H.; An Enquirer; A. Z.; F. N. H.; A Country Surgeon; S. H.; &c. &c.

Liverpool Daily Post, Parochial Critic, Salisbury Advertiser, Newcastle Courant, Preston Evening News, Liverpool Daily Courier, Indicator, Transactions of the Odontological Society of Great Britain, Western Daily Mercury, Allen's Indian Mail, Supplement to the Liverpool Daily Post, Brighton Daily News, Ilkeston Pioneer, Wiltshire County Mirror, Echo Médical et Pharmaceutique Belge, Salisbury Times, Liverpool Mercury, and *Darlington Times* have been received.